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Mar 24 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 703515 (7)

1. Corporation Name

YOUNG MENS CHRISTIAN ASSOCIATION OF FLORIDA'S EME
RALD COAST, INC.

Principal Place of Business

Mailing Address

1127 HOSPITAL ROAD
FT. WALTON BEACH FL 32547-67411127 HOSPITAL ROAD
FT. WALTON BEACH FL 32547-6741

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/25/1962

3a. Date of Last Report

04/30/1996

4. FEI Number

59-0978077

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes



No

10. Name and Address of New Registered Agent

LUKASZEWSKI, JOSEPH A.
1127 HOSPITAL ROAD
FT. WALTON BEACH FL 32548

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME NABORS, JIM
STREET ADDRESS 17 LONGWOOD DR.
CITY-ST-ZIP SHALIMAR FL☐ DELETETITLE TD
NAME SHOFF, CHUCK
STREET ADDRESS 225 NATURE'S TRAIL
CITY-ST-ZIP FT WALTON BEACH FL☐ DELETETITLE VD
NAME WATERFIELD, BEN
STREET ADDRESS 729 VINTAGE CIRCLE
CITY-ST-ZIP DESTIN FL☒ DELETETITLE VD
NAME RAPPAZINI, TOM
STREET ADDRESS 705 MAIN ST
CITY-ST-ZIP DESTIN FL☐ DELETETITLE SD
NAME HENDERSON, DAVE
STREET ADDRESS 797 PINE STREET
CITY-ST-ZIP DESTIN FL☒ DELETETITLE CEO
NAME LUKASZEWSKI, JOSEPH A.
STREET ADDRESS 1127 HOSPITAL ROAD
CITY-ST-ZIP FT. WALTON BCH. FL☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VD

Burns, Matt

528 Park Court

Destin, FL 32541

PD

SD

Dunlap, Joy

415 Flamingo Drive

Destin, FL 32541

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Joseph A. Lukaszewski CEO

2-28-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0073882

CR2E037 (9/96)