


FILE NOW: FILING FEE IS \$61.25

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Jun 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **703515** (7)

1. Corporation Name

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

Principal Place of Business	Mailing Address
1127 HOSPITAL ROAD FT. WALTON BEACH FL 32547-6741	1127 HOSPITAL ROAD FT. WALTON BEACH FL 32547-6741

3. Date Incorporated or Qualified

01/25/1962

4. FEI Number

59-0978077

Applied For
Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name	Joe Casal
82 Street Address (P.O. Box Number is Not Acceptable)	1127 Hospital Road
83 City	Fort Walton Beach, FL 32548
84 Zip Code	32547

11. Pursuant to the provisions of Sections 617.0502 and 617.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, to 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

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

5-27-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	NABORS, JIM	
STREET ADDRESS	17 LONGWOOD DR.	
CITY-ST-ZIP	SHALIMAR FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SHOFF, CHUCK	
STREET ADDRESS	225 NATURE'S TRAIL	
CITY-ST-ZIP	FT WALTON BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BURNS, MATT	
STREET ADDRESS	528 PARK CT	
CITY-ST-ZIP	DESTIN FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	RAPPAZINI, TOM	
STREET ADDRESS	705 MAIN ST	
CITY-ST-ZIP	DESTIN FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DUNLAP, JOY	
STREET ADDRESS	415 FLAMINGO DR	
CITY-ST-ZIP	DESTIN FL	
TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	LUKASZEWSKI, JOSEPH A.	
STREET ADDRESS	1127 HOSPITAL ROAD	
CITY-ST-ZIP	FT. WALTON BCH. FL	

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Foster, Scott	
1.3 STREET ADDRESS	3 Cedar Bluff Drive	
1.4 CITY-ST-ZIP	Mary Esther, FL 32569	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Shoff, Chuck	
2.3 STREET ADDRESS	225 Nature's Trail	
2.4 CITY-ST-ZIP	Fort Walton Beach, FL 32548	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Henderson, Dave	
3.3 STREET ADDRESS	155 Stahlman Avenue	
3.4 CITY-ST-ZIP	Destin, FL 32541	
4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Rappazini, Tom	
4.3 STREET ADDRESS	705 Main Street	
4.4 CITY-ST-ZIP	Destin, FL 32541	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Casal, Joe	
6.3 STREET ADDRESS	1127 Hospital Road	
6.4 CITY-ST-ZIP	Fort Walton Beach, FL 32547	

14. I 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-98

850-863-9622

Date

Daytime Phone # 0076234

CR2E037 (10/97)