

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90177 036 ****61.25

DOCUMENT # 703515

1. Corporation Name

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

Principal Place of Business

1127 HOSPITAL ROAD
FT. WALTON BEACH FL 32547-6741

Mailing Address

1127 HOSPITAL ROAD
FT. WALTON BEACH FL 32547-6741



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 362 NW Beal Parkway

Suite, Apt. #, etc.

27 Suite 201

City & State

28 Fort Walton Beach, FL

Zip

29 32548

Country

30 Okaloosa

3. Date Incorporated or Qualified

01/25/1962

4. FEI Number

59-0978077

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

CASAL, JOE
1127 HOSPITAL RD
FT. WALTON BEACH FL 32547

10. Name and Address of New Registered Agent

81 Name

Casal, Joe

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

362 NW Beal Parkway, Suite 201

83

84 City

Fort Walton Beach

FL

85 Zip Code
32548

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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

May 6, 1999

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME D NABORS, JIM
STREET ADDRESS 17 LONGWOOD DR.
CITY-ST-ZIP SHALIMAR FL

TITLE ☐ DELETE
NAME D SHOFF, CHUCK
STREET ADDRESS 225 NATURE'S TRAIL
CITY-ST-ZIP FT WALTON BEACH FL 32548

TITLE ☒ DELETE
NAME VD BURNS, MATT
STREET ADDRESS 528 PARK CT
CITY-ST-ZIP DESTIN FL

TITLE ☐ DELETE
NAME VD RAPPAZINI, TOM
STREET ADDRESS 705 MAIN ST
CITY-ST-ZIP DESTIN FL 32541

TITLE ☒ DELETE
NAME SD DUNLAP, JOY
STREET ADDRESS 415 FLMINGO DR
CITY-ST-ZIP DESTIN FL

TITLE ☐ DELETE
NAME CEO CASAL, JOE
STREET ADDRESS 1127 HOSPITAL ROAD
CITY-ST-ZIP FT. WALTON BCH. FL 32547

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME TD
1.3 STREET ADDRESS WATERFIELD, E.B. (BENNY)
1.4 CITY-ST-ZIP 729 VINTAGE CIRCLE
DESTIN, FL 32541

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME VD
2.3 STREET ADDRESS SHOFF, CHUCK
2.4 CITY-ST-ZIP 225 NATURE'S TRAIL
FORT WALTON BEACH, FL 32548

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME SD
3.3 STREET ADDRESS PERRI, DANIEL
3.4 CITY-ST-ZIP 5 CLIFFORD DRIVE, SUITE 12
SHALIMAR, FL 32579

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME PD
4.3 STREET ADDRESS RAPPAZINI, TOM
4.4 CITY-ST-ZIP 705 MAIN STREET
DESTIN, FL 32541

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME D
5.3 STREET ADDRESS MAXSON, BILL
5.4 CITY-ST-ZIP 314 SHORELINE DRIVE
FREEPORT, FL 32439

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME CEO
6.3 STREET ADDRESS CASAL, JOE
6.4 CITY-ST-ZIP 236 PARKWOOD CIRCLE
NICEVILLE, FL 32578

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 6, 1999 850-314-9622

Date

Daytime Phone #

CR2E037 (11/98)