

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 705512 (2)**

1. Corporation Name

**LEE COUNTY YOUNG MEN'S CHRISTIAN ASSOCIATION, IN C.**

Principal Place of Business

Mailing Address

**1360 ROYAL PALM SQUARE BLVD.  
FT. MYERS FL 33919**

**1360 ROYAL PALM SQUARE BLVD.  
FT. MYERS FL 33919**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/22/1963</b>		3a. Date of Last Report <b>06/28/1995</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-1112701</b>		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>FULCHER, DAVID L</b> <b>1360 ROYAL PALM SQ. BLVD.</b> <b>FORT MYERS FL 33919</b>				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 617.1508, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAGAN, ELIZABETH	12 NAME	BETH TUTTLE
STREET ADDRESS	15890 S TAMiami TRAIL	13 STREET ADDRESS	2000 Main Street #600
CITY-ST-ZIP	FT MYERS FL	14 CITY-ST-ZIP	Ft. Myers, FL 33901
TITLE	V <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, DAVID	22 NAME	
STREET ADDRESS	1500 COLONIAL BLVD	23 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	24 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, RICHARD	32 NAME	
STREET ADDRESS	1470 ROYAL PALM SQ BLVD	33 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	34 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, RICK	42 NAME	
STREET ADDRESS	1520 ROYAL PALM SQ BLVD	43 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	44 CITY-ST-ZIP	
TITLE	MD <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULSCHER, DAVID L	52 NAME	
STREET ADDRESS	1360 ROYAL PALM SQ BLVD	53 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

Date

Daytime Phone #

CR2E037 (12/95)