

FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 02 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 705512 (2)  
1. Corporation Name  
LEE COUNTY YOUNG MEN'S CHRISTIAN ASSOCIATION, IN  
C.

Principal Place of Business 1360 ROYAL PALM SQUARE BLVD.. FT. MYERS FL 33919	Mailing Address 1360 ROYAL PALM SQUARE BLVD.. FT. MYERS FL 33919-1077
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/22/1963		3a. Date of Last Report 05/16/1996	
21	22		26		4. FEI Number 59-1112701		Applied For Not Applicable
23		27		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
24		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
25		29		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			
FULCHER, DAVID L 1360 ROYAL PALM SQ. BLVD. FORT MYERS FL 33919				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 \_\_\_\_\_ (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		1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TUTTLE, BETH			1.2 NAME			
STREET ADDRESS	2000 MAIN STREET, #600			1.3 STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL			1.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALL, DAVID			2.2 NAME			
STREET ADDRESS	1000 COLONIAL BLVD			2.3 STREET ADDRESS			
CITY-ST-ZIP	PORT MYERS FL			2.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HART, RICHARD			3.2 NAME			
STREET ADDRESS	1470 ROYAL PALM SQ BLVD			3.3 STREET ADDRESS			
CITY-ST-ZIP	PORT MYERS FL			3.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, RICK			4.2 NAME			
STREET ADDRESS	1520 ROYAL PALM SQ BLVD			4.3 STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS FL			4.4 CITY-ST-ZIP			
TITLE	MD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FULSCHER, DAVID L			5.2 NAME			
STREET ADDRESS	1360 ROYAL PALM SQ BLVD			5.3 STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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: \_\_\_\_\_ 641 775 9122  
6/2/97

CR2E037 (9/96)