

FILE NOW: FILING FEE IS \$61.25

FILED

May 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **705512** (2)  
1. Corporation Name  
**LEE COUNTY YOUNG MEN'S CHRISTIAN ASSOCIATION, INC.**

Principal Place of Business <b>1360 ROYAL PALM SQUARE BLVD. FT. MYERS FL 33919</b>	Mailing Address <b>1360 ROYAL PALM SQUARE BLVD. FT. MYERS FL 33919</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified  
**04/22/1963**

4. FEI Number  
**59-1112701**

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  
**FULCHER, DAVID L  
1360 ROYAL PALM SQ. BLVD.  
FORT MYERS FL 33919**

10. Name and Address of New Registered Agent  
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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BASSETT, ROBERT B	
STREET ADDRESS	12730 NEW BRITTANY BLVD	
CITY-ST-ZIP	FT. MYERS FL 33907	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MEIER, BOB	
STREET ADDRESS	2400 FIRST ST	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	CAYLOR, JIM	
STREET ADDRESS	12000 UNIVERSITY #400	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MILLER, RICK	
STREET ADDRESS	1520 ROYAL PALM SQ BLVD	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	FULSCHER, DAVID L	
STREET ADDRESS	1360 ROYAL PALM SQ BLVD	
CITY-ST-ZIP	FORT MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Meier, Bob	
1.3 STREET ADDRESS	2400 First Street	
1.4 CITY-ST-ZIP	Fort Myers, FL 33901	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Bassett, Robert B	
2.3 STREET ADDRESS	12730 New Brittany Blvd.	
2.4 CITY-ST-ZIP	Fort Myers, FL 33907	
3.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Rick Hart	
3.3 STREET ADDRESS	1400 Colonial Blvd. Suite 201	
3.4 CITY-ST-ZIP	Fort Myers, FL 33907	
4.1 TITLE	DPE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Dr. Annette St. Pierre-Mackoul	
4.3 STREET ADDRESS	13685 Doctors Way Suite 140	
4.4 CITY-ST-ZIP	Fort Myers, FL 33912	
5.1 TITLE	MD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Fulscher, David L.	
5.3 STREET ADDRESS	1360 Royal Palm Square Blvd.	
5.4 CITY-ST-ZIP	Fort Myers, FL 33919	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: David L. Fulscher

4-24-98

CR2E037 (10/97)