


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90017 031 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 705512

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/22/1963	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1112701	
24 Country		30 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

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 *David Fulcher* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEIER, B	1.2 NAME	PD
STREET ADDRESS	2400 FIRST ST	1.3 STREET ADDRESS	Dr. Annette St. Pierre-Mackoul
CITY-ST-ZIP	FT. MYERS FL 33901	1.4 CITY-ST-ZIP	9400 Gladiolus Dr. #106 Ft. Myers
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BASSETT, R B	2.2 NAME	Robert Meier
STREET ADDRESS	12730 NEW BRITTANY BLVD	2.3 STREET ADDRESS	26790 South Tamiami Tr.
CITY-ST-ZIP	FORT MYERS FL 33907	2.4 CITY-ST-ZIP	Bonita Springs, FL 34134
TITLE	DT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HART, R	3.2 NAME	Kathy Andersen
STREET ADDRESS	1400 COLONIAL BLVD, STE 201	3.3 STREET ADDRESS	4125 Cleveland Ave 2nd Flr.
CITY-ST-ZIP	FORT MYERS FL 33907	3.4 CITY-ST-ZIP	Ft. Myers, FL 33907
TITLE	DPE <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DPE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACKOUL, PIERRE A	4.2 NAME	Douglas Szabo
STREET ADDRESS	13685 DOCTORS WAY STE 140	4.3 STREET ADDRESS	P.O. Box 280
CITY-ST-ZIP	FORT MYERS FL 33912	4.4 CITY-ST-ZIP	Ft. Myers, FL 33902-0280
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 33919	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 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:

David Fulcher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-99

Date

941-275-9672

Daytime Phone #

CR2E037 (1/98)