2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705512

1. Entity Name



FILED Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90076 001 ****61.25

C.	VIY YOUNG MEN'S CHHISTI	AN ASSOCIATION, IN									
Principal Place of Business 1360 ROYAL PALM SOUARE BLVD. FT. MYERS FL 33919 2. Principal Place of Business		Mailing Address 1360 ROYAL PALM SOUARI FT. MYERS FL 33919	E BLVD			!					
		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				. □ c	HECK HERE II	F MAKINO	G CHANGES		
City & State		City & State			4. FEI	Number 59-1112701		Applied For Not Applicable			
Zip	Country	Zip ,	Country		5. Cer	l tificate of Sta	tus Desired		\$8.75 Add	ditional	İ
	6. Name and Address of Current	Registered Agent		<u></u>	7. Nan	ne and Addre	ess of New Re	gistered	•		ĺ
			Name			1			•		
	I, DAVID L YAL PALM SQ. BLVD.		Street A	ddress (P.	O. Box	I Number is No 	ot Acceptable)				
	ERS FL 33919										
			City					FL	Zip Cod	e	
8. The above	named entity submits this statement fo	r the purpose of changing its	registered office o	r registere	d agent	or both; in th	ne State of Flor	ida. I am	familiar with,	and accept	
	ions of registered agent.					, j :		ر ، ۱			١
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SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTF	: Registered Agent signa	ture required w	hen reinsta	ating)		DATE			1
	-					<u>!</u>		•			
	FILE NOW: FEE IS \$61.25	9. Election Can	npaign Financing	_	\$5.00	May Be			k Payable		
	FILE NOW. FEE 13 \$01.23	Trust Fund C	contribution.		Added to		Florid	a Depar	tment of	State	
10.	OFFICERS AND DIF	PECTOPS	11.	Λί		S/CHANGE	S TO OFFICER	S AND D	IRECTORS IN	110	1
TITLE	P OFFICERS AND DIE	Delete	TITLE	<u> </u>	5011101	I	0 TO 01 TIOLIT	IO AIRD DI	☐ Change	Addition	É
NAME	BROWNELL, DIAN		NAME	1		ļ					10/
STREET ADDRESS	15370 KILIBIRNIE DRIVE			i		•					
CITY-ST-ZIP	FORT MYERS FL 33912		STREET ADDRESS								5
	TORT WILLIO & C 3031E		STREET ADDRESS CITY-ST-ZIP								75030
TITLE	T	☐ Delete	CITY-ST-ZIP	BILL	. me	FTTING		 PA	⊠ Change	Addition	CD0E037
NAME	T ANDERSON, KATHY		CITY-ST-ZIP TITLE NAME	B1CL 463	. ma	ITING	Ly, Cf	PA LVD	☑ Change	Addition	CD0E037
NAME STREET ADDRESS	t Anderson, Kathy 12751 Cleveland Avenue, 2NI		CITY-ST-ZIP TITLE NAME STREET ADDRESS	131 CAPE	ma av	ITTING	LY, CF Ines B	PA :LVD	又 Change	Addition	CD0E037
NAME STREET ADDRESS CITY-ST-ZIP	T ANDERSON, KATHY 12751 CLEVELAND AVENUE, 2NI FORT MYERS FL 33907	D FLOOR	CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP	B1 (1 463 Cape	. ma 2 V	in cen	Ly, CF Ines B FL 33	PA LVD 1904	世101	Addition	CD0E037
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nereby 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

4-3-03 239-275-9622