

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

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

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

DOCUMENT # 705512



1. Entity 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**

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1112701**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **P BROWNELL, DIAN**
STREET ADDRESS **15370 KILBIRNIE DRIVE**
CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T ANDERSON, KATHY**
STREET ADDRESS **12751 CLEVELAND AVENUE, 2ND FLOOR**
CITY-ST-ZIP **FORT MYERS FL 33907**

TITLE ☒ Change ☐ Addition
NAME **BILL MATTINGLY, CPA**
STREET ADDRESS **4632 VIN CENNES BLVD #101**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE ☐ Delete
NAME **PE FLAHARTY, DR. PAT**
STREET ADDRESS **4101 EVANS AVENUE**
CITY-ST-ZIP **FT MYERS FL 33909**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **12640 Creekside LN**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE ☐ Delete
NAME **DPE LITTLESTONE, GINO**
STREET ADDRESS **P.O BOX 60139**
CITY-ST-ZIP **FT. MYERS FL 33906-6139**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **MD FULSCHER, DAVID L**
STREET ADDRESS **1360 ROYAL PALM SQ BLVD**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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: **SIGNATURE REQUIRED**

4-3-03 239-275-9622

CR2E037 (10/02)