

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra S. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **707184** (8)

1. Corporation Name

**THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF FLORIDA
'S FIRST COAST, INC.**



Principal Place of Business

Mailing Address

**221 RIVERSIDE AVENUE
JACKSONVILLE FL 32202-4907**

**221 RIVERSIDE AVENUE
JACKSONVILLE FL 32202-4907**

3. Date Incorporated or Qualified

04/22/1964

4. FEI Number

59-0638514

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILKES, THOMAS W
221 RIVERSIDE AVENUE
JACKSONVILLE FL 32202**

81 Name

Penny Zuber

82 Street Address (P.O. Box Number is Not Acceptable)

Sr. VP, Finance

83

221 Riverside Ave

84 City

Jax

FL

85 Zip Code

32202

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

Penny Zuber
Signature, typed or printed name of registered agent and title if applicable.

Penny Zuber

Sr. VP, Finance

4-21-98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CD** ☐ DELETE
NAME **AKENS, CHESTER A DR.**
STREET ADDRESS **305 E UNION ST**
CITY-ST-ZIP **JACKSONVILLE FL**

1.1 TITLE **CD** ☒ Change ☐ Addition
1.2 NAME **C. Edward Vandergriff**
1.3 STREET ADDRESS **111 Riverside Ave.**
1.4 CITY-ST-ZIP **Jacksonville, FL 32202**

TITLE **TD** ☐ DELETE
NAME **JONES, A. CRANE**
STREET ADDRESS **2861 SPANISH COVE TRAIL**
CITY-ST-ZIP **JACKSONVILLE FL 32257**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **P** ☐ DELETE
NAME **WILKES, THOMAS W**
STREET ADDRESS **148 CROSSCOVE CIRCLE**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **CHENEY, ANDREW B**
STREET ADDRESS **BARNETT BANK OF JAX, 50 N. LAURA ST**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **Penny Zuber**
5.3 STREET ADDRESS **221 Riverside Ave**
5.4 CITY-ST-ZIP **Jax, FL 32202**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Penny Zuber

Penny Zuber

Sr. VP, Finance

4-21-98

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