FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State
05-10-1999 90247 039 ****70.00

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DOCUMENT # 707184

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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
04/22/1964

4. FEI Number
59-0638514
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ZUBER, PENNY
221 RIVERSIDE AVENUE
JACKSONVILLE FL 32202

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE	CD	☒ Change ☐ Addition
NAME	AIKENS, CHESTER A DR.		1.2 NAME	Vandergriff, C Edward	
STREET ADDRESS	305 E UNION ST		1.3 STREET ADDRESS	111 Riverside Ave.	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JONES, A. CRANE		2.2 NAME		
STREET ADDRESS	2861 SPANISH COVE TRAIL		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32257		2.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WILKES, THOMAS W		3.2 NAME		
STREET ADDRESS	148 CROSSCOVE CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	CD	☒ Change ☐ Addition
NAME	CHENEY, ANDREW B		4.2 NAME	Cannon, N Carl	
STREET ADDRESS	BARNETT BANK OF JAX, 50 N. LAURA ST		4.3 STREET ADDRESS	100 Riverside Ave.	
CITY-ST-ZIP	JACKSONVILLE FL 32202		4.4 CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ZUBER, PENNY		5.2 NAME		
STREET ADDRESS	221 RIVERSIDE AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32202		5.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	6.1 TITLE	CD	☒ Change ☐ Addition
NAME	VANDERGRIFF, C EDWARD		6.2 NAME	Barco, L Lynda	
STREET ADDRESS	111 RIVERSIDE AVE		6.3 STREET ADDRESS	7587 Wilson Blvd.	
CITY-ST-ZIP	JACKSONVILLE FL 32202		6.4 CITY-ST-ZIP	Jacksonville, FL 32210	

CR2E037 (11/98)

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: Penny Zuber **SIGNATURE REQUIRED** Penny Zuber 4-27-99 (904)354-9622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #