FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:39

DOCUMENT # 707570 (8)

1. Corporation Name

THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF BREVARD COUNTY FLORIDA, INC.

Principal Place of Business	Mailing Address
2100 S. PARK AVE. TITUSVILLE FL 32780	2100 S. PARK AVE. TITUSVILLE FL 32780

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/13/1964
3a. Date of Last Report: 02/03/1994
4. FEI Number: 59-6033511 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DEAN, KEVIN
2100 S. PARK AVE.
TITUSVILLE FL 32780

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 607.0502 and 607.1508, 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 607.0505, 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	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	FISHER, ROBIN	1.2 NAME		
STREET ADDRESS	1625 GARDEN ST.	1.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	JORDAN, ROBERT	2.2 NAME		
STREET ADDRESS	1750 LAKESIDE DR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	D	☒ Change ☐ Addition
NAME	SNURE, MARK	3.2 NAME	CARMONA, DR. PEDRO	
STREET ADDRESS	2940 LACITA LANE	3.3 STREET ADDRESS	1110 RIVERSIDE DR	
CITY-ST-ZIP	TITUSVILLE FL	3.4 CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	STD	4.1 TITLE	STD	☒ Change ☐ Addition
NAME	FORD, ANN	4.2 NAME	BOGGS, ALAN	
STREET ADDRESS	6785 ACKERMAN AVE.	4.3 STREET ADDRESS	905 CHENEY HWY	
CITY-ST-ZIP	COCOA FL	4.4 CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	BAKER, KENNETH R.	5.2 NAME	DENSON, DR. TODD	
STREET ADDRESS	2809 LONG LAKE DR.	5.3 STREET ADDRESS	2191 GARDEN ST	
CITY-ST-ZIP	TITUSVILLE FL	5.4 CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	HADDAD, MR. PETER	6.2 NAME	SHAHEEN, CINDY	
STREET ADDRESS	5555 BARNA AVENUE	6.3 STREET ADDRESS	2175 VISTA TERR	
CITY-ST-ZIP	TITUSVILLE FL	6.4 CITY-ST-ZIP	TITUSVILLE FL 32780	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Kevin Dean KEVIN DEAN 1-18-95 407-267-8924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0032610