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Jan 17 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 707570 (8)

1. Corporation Name

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

Principal Place of Business

2100 S. PARK AVE.
TITUSVILLE FL 32780

Mailing Address

2100 S. PARK AVE.
TITUSVILLE FL 32780-45723. Date Incorporated or Qualified
07/13/19643a. Date of Last Report
01/31/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

4. FEI Number
59-6033511Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

23 City & State

27 City & State

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

24 Zip

25 Country

29 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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 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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME FISHER, ROBIN
STREET ADDRESS 1625 GARDEN ST.
CITY-ST-ZIP TITUSVILLE FL ☐ DELETETITLE VD
NAME JORDAN, ROBERT
STREET ADDRESS 1750 LAKESIDE DR.
CITY-ST-ZIP TITUSVILLE FL ☐ DELETETITLE D
NAME CARMONA, DR. PEDRO
STREET ADDRESS 1110 RIVERSIDE DRIVE
CITY-ST-ZIP TITUSVILLE FL ☐ DELETETITLE STD
NAME BOGGS, ALAN
STREET ADDRESS 905 CHENEY HIGHWAY
CITY-ST-ZIP TITUSVILLE FL ☐ DELETETITLE D
NAME DENSON, DR. TODD
STREET ADDRESS 2191 GARDEN STREET
CITY-ST-ZIP TITUSVILLE FL ☐ DELETETITLE D
NAME SHAHEEN CINDY
STREET ADDRESS 2175 VISTA TERR
CITY-ST-ZIP TITUSVILLE FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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:

Kevin Dean

REQUIRED

1-6-97

407-267-8928

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0015008

CR2E037 (9/96)