

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
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90058 012 ****70.00

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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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

07/13/1964

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

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

PETER W. KIZILU

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

2100 S. PARK AVENUE

83

84 City

Titusville

FL

85 Zip Code

32780

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

3/29/99

12. OFFICERS AND DIRECTORS

TITLE PD
NAME FISHER, ROBIN
STREET ADDRESS 1625 GARDEN ST.
CITY-ST-ZIP TITUSVILLE FL

☐ DELETE

TITLE VD
NAME JORDAN, ROBERT
STREET ADDRESS 1750 LAKESIDE DR.
CITY-ST-ZIP TITUSVILLE FL

☐ DELETE

TITLE D
NAME EISENMENGER, GREG
STREET ADDRESS 96 WILLARD ST
CITY-ST-ZIP COCOA FL 32922

☐ DELETE

TITLE STD
NAME BOGGS, ALAN
STREET ADDRESS 905 CHENEY HIGHWAY
CITY-ST-ZIP TITUSVILLE FL

☐ DELETE

TITLE D
NAME DENSON, DR. TODD
STREET ADDRESS 2191 GARDEN STREET
CITY-ST-ZIP TITUSVILLE FL

☐ DELETE

TITLE 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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/99

(407) 267-8924

Date

Daytime Phone #

CR2F037 (11/98)