

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT, 1996



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

DOCUMENT # 711792 (2)

1. Corporation Name
YMCA OF ST. LUCIE COUNTY, INC.



Principal Place of Business: **903 SOUTH 21ST STREET FT PIERCE FL 34950-4863**
 Mailing Address: **903 SOUTH 21ST STREET FT PIERCE FL 34950-4863**

3. Date Incorporated or Qualified: **11/10/1966**
 3a. Date of Last Report: **05/01/1995**

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number	Applied For
					59-0912551	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	City & State	28	City & State	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Zip	29	Zip	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DALE, JAMES RICK 903 SOUTH 21ST STREET FT. PIERCE FL 34950				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	City		
				84	City	85	Zip Code
					FL		34950

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: **Cheryl Houghtelin** (NOTE: Registered agent signature required when reinstating)
 DATE: **7/10/96**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	HARTLEY, JIM		1.2 NAME	Melinda Gonano			
STREET ADDRESS	P.O. BOX 2456 N/A		1.3 STREET ADDRESS	3640 NE M'Cari Lane			
CITY-ST-ZIP	FT. PIERCE FL 34954		1.4 CITY-ST-ZIP	Jensen Beach, FL 34957			
TITLE	SD	<input type="checkbox"/> DELETE	2.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	HANKLE, DAVE		2.2 NAME	Craig Hawley			
STREET ADDRESS	100 2ND ST.		2.3 STREET ADDRESS	8460 Immokolee Rd.			
CITY-ST-ZIP	FT. PIERCE FL		2.4 CITY-ST-ZIP	Ft. Pierce, FL 34951			
TITLE	PD	<input type="checkbox"/> DELETE	3.1 TITLE	Vacant	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HOPPER, PAUL BRUCE		3.2 NAME				
STREET ADDRESS	1914 ESPLANADE AVE		3.3 STREET ADDRESS				
CITY-ST-ZIP	FT PIERCE FL		3.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	DALE, JAMES RICK		4.2 NAME	Thomas Siplin			
STREET ADDRESS	903 S 21ST STREET		4.3 STREET ADDRESS	2211 Keechobee Rd.			
CITY-ST-ZIP	FT. PIERCE FL		4.4 CITY-ST-ZIP	Ft. Pierce, FL 34950			
TITLE	VD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CAVALCANYI, GLYNDA		5.2 NAME	700001925027			
STREET ADDRESS	P.O. BOX 3888 N/A		5.3 STREET ADDRESS	-08/19/96--01006--013			
CITY-ST-ZIP	FT. PIERCE FL 34948		5.4 CITY-ST-ZIP	***61.25			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			6.2 NAME	Cheryl Houghtelin			
STREET ADDRESS			6.3 STREET ADDRESS	903 S.21st St.			
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Ft. Pierce, FL 34950			

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)(k), Florida Statutes, 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: **Cheryl Houghtelin** (NOTE: Registered agent signature required when reinstating)
 DATE: **7/10/96** (561) 465 0330
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (3/96)

Handwritten signature/initials