

5-19-97

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FILE NOW: FILING FEE IS \$61.25

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May 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

HOUGHTLIN, CHERYL  
903 S. 21ST ST.  
FT. PIERCE FL 349503. Date Incorporated or Qualified  
11/10/19663a. Date of Last Report  
08/16/19964. FEI Number  
59-0912551Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

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 ☐ DELETETITLE D  
NAME GONANO, MELINDA  
STREET ADDRESS 3840 NW M'CARI LANE  
CITY-ST-ZIP JENSEN BEACH FL 34957TITLE D  
NAME HAWLEY, CRAIG  
STREET ADDRESS 8480 IMMOKOLEE RD.  
CITY-ST-ZIP FT. PIERCE FL 34951TITLE D  
NAME SIPLIN, THOMAS  
STREET ADDRESS 2211 OKEECHOBEE RD.  
CITY-ST-ZIP FT. PIERCE FL 34950TITLE D  
NAME HOUGHTLIN, CHERYL  
STREET ADDRESS 903 SOUTH 21ST STREET  
CITY-ST-ZIP FT PIERCE FL 34950-4863TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIPVICE PRESIDENT  
CLIFF BARNES  
1803 S. 25th STREET  
FORT PIERCE, FL 34951SECRETARY  
JAY LUNDY  
3503 AVE. D  
FORT PIERCE, FL 34954

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 any attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0070900

CR2E037 (9/96)