

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 713018 1. Entity Name THE NORTH CENTRAL FLORIDA YMCA (YOUNG MEN'S CHRISTIAN ASSOCIATION), INC.						FILED 08 OCT 31 PM 4: 00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 5201 N.W. 34TH STREET GAINESVILLE, FL 32605				Mailing Address 5201 N.W. 34TH STREET GAINESVILLE, FL 32605			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 9315 SW Archer Rd Suite, Apt. #, etc.		 REINSTATEMENT 10275076 (FEB) 5928099 (1/07) 08			
City & State City Gainesville, FL		City & State City Gainesville, FL		4. FEI Number 59-1195257		Applied For <input type="checkbox"/> Not Applicable	
Zip 32608	Country USA	Zip 32608	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PATCH, SHAWN 5201 NW 34 STREET GAINESVILLE, FL 32605				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				10-27-08 DATE			
FILE NOW!!! FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILCOX, DOUG 2501 NW 66 COURT GAINESVILLE, FL 32653	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000137491630 10/30/08--01037--008 **70.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, LEVEDA 4135 NW 16 DRIVE GAINESVILLE, FL 3260	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, DOUG 4135 NW 16 DR GAINESVILLE, FL 32605	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAHAFFEY, DICK 5080 NEWBERRY ROAD GAINESVILLE, FL 32607	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DOUGHERTY, RUSTY 3010 N WALDO ROAD GAINESVILLE, FL 32607	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAUN, DICKIE 10315 SW 49TH LANE GAINESVILLE, FL 32608	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	10/10/31 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				10-26-08 352-338-9627 Date Daytime Phone #			