## 2007 NOT-FOR-PROFIT CORPORATION

## Mar 05, 2007 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT #721167** 03-05-2007 90061 006 \*\*\*\*61.25 1. Fotity Name CHARLOTTE COUNTY FAMILY YOUNG MEN'S CHRISTIAN ASSOCIATION, INCORPORATED 40029671 Principal Place of Business Mailing Address 1777 TAMIAMI TRAIL 1777 TAMIAMI TRAIL SUITE 501 SUITE 501 PORT CHARLOTTE, FL 33948 PORT CHARLOTTE, FL 33948 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02272007 Chg-NP CR2E037 (12/06) 4. FEI Number 23-7193663 City & State Applied For City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VERSNIK, PAUL Street Address (P.O. Box Number is Not Acceptable) 1777 TAMIAMI TRAIL **SUIT 501** PORT CHARLOTTE, FL 33948 City Zip Code FI 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. $\Box$ Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Change ☐ Addition TITLE ☐ Delete Kkin David De. 1600 Tamiami Trail NAME KLEIN, DAVID DR. NAME STREET ADDRESS 1600 TAMIAMI TRAIL STREET ADDRESS PORT CHARLOTTE, FL 33948 Port Charlotte, FL 33948 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE 12 TITLE Bugne Randy mpia Ave. NAME GRAHAM, KEVIN NAME STREET ADDRESS 2762 A TAMIAMI TR STREET ADDRESS Punta Gorda, FL 33950 PORT CHARLOTTE, FL 33952 CITY - ST - ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE VITO, STEVEN NAME NAME 18501 MURDOCK CR STREET ADDRESS STREET ADDRESS PORT CHARLOTTE, FL 33948 CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition RICE, TOM NAME NAME STREET ADDRESS 21298 OLEAN BLVD STREET ADDRESS Punta Gorda, FL 33950 PORT CHARLOTTE, FL 33952 CITY-ST-ZIP CITY - ST - ZIP Delete TITLE Change Addition TITLE Gicham Keun jest Coast Financia 3626 Tamiami Trail DUNN, RANDY NAME NAME STREET ADDRESS 329 EAST OLYMPIA AVE STREET ADDRESS 33952 PUNTA GORDA, FL 33950 CITY-ST-ZIP Port charlotte, FL CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE EHRENFELD, JAN NAME NAME 19351 TOLEDO BLADE BLVD STREET ADDRESS perne. STREET ADORESS

CITY-ST-ZIP

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 receivenor 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.

**FILED** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Paul Versnik, CEO.

PORT CHARLOTTE, FL 33948

SIGNATURE: