

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2008 8:00 am**  
**Secretary of State**

03-26-2008 90027 024 \*\*\*\*61.25

**DOCUMENT # 721167**

1. Entity Name  
**CHARLOTTE COUNTY FAMILY YOUNG MEN'S  
CHRISTIAN ASSOCIATION, INCORPORATED**



Principal Place of Business  
**1777 TAMIAMI TRAIL  
SUITE 501  
PORT CHARLOTTE, FL 33948**

Mailing Address  
**1777 TAMIAMI TRAIL  
SUITE 501  
PORT CHARLOTTE, FL 33948 US**

**50001827**



2. Principal Place of Business - No P.O. Box #  
**1777 Tamiami Trail**  
Suite, Apt. #, etc.  
**Suite 407**

3. Mailing Address  
**1777 Tamiami Trail**  
Suite, Apt. #, etc.  
**Suite 407**

03202008 Chg-NP CR2E037 (12/06)

City & State  
**Port Charlotte, FL**  
Zip  
**33948** Country  
**USA**

City & State  
**Port Charlotte, FL**  
Zip  
**33948** Country  
**USA**

4. FEI Number  
**23-7193663** Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**VERSNIK, PAUL  
1777 TAMIAMI TRAIL  
SUITE 501  
PORT CHARLOTTE, FL 33948**

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

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  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
KLEIN, DAVID DR.  
1600 TAMIAMI TRAIL  
PORT CHARLOTTE, FL 33948** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PP  
GRAHAM, KEVIN  
3626 TAMIAMI TRAIL  
PORT CHARLOTTE, FL 33952** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**T  
VITO, STEVEN  
18501 MURDOCK CR  
PORT CHARLOTTE, FL 33948** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**S  
RICE, TOM  
21298 OLEAN BLVD  
PORT CHARLOTTE, FL 33952** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VP  
DUNN, RANDY  
329 EAST OLYMPIA AVE  
PUNTA GORDA, FL 33950** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PP  
EHRENFELD, JAN  
19351 TOLEDO BLADE BLVD  
PORT CHARLOTTE, FL 33948** ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Chairman  
Klein, David Dr.  
1600 Tamiami Trail  
Port Charlotte, FL 33948** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Vice Chairman  
Dunn, Randy  
S.W. Florida Regional Imaging  
329 East Olympia Avenue  
Punta Gorda, FL 33950** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Secretary  
Harrington, Debbie  
Ambitions Medical Transport, Inc.  
315 West Grace Street  
Punta Gorda, FL 33950** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VP  
DUNN, RANDY  
329 EAST OLYMPIA AVE  
PUNTA GORDA, FL 33950** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VP  
DUNN, RANDY  
329 EAST OLYMPIA AVE  
PUNTA GORDA, FL 33950** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VP  
DUNN, RANDY  
329 EAST OLYMPIA AVE  
PUNTA GORDA, FL 33950** ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PAUL VERSNIK**

**3/20/08**

Date

Daytime Phone #

**941-629-0809**