

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721167

FILED
Apr 29, 2009
Secretary of State

Entity Name: CHARLOTTE COUNTY FAMILY YOUNG MEN'S CHRISTIAN ASSOCIATION, INCORPORATED

Current Principal Place of Business:

1777 TAMIAMI TRAIL
SUITE 407
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

Current Mailing Address:

1777 TAMIAMI TRAIL
SUITE 407
PORT CHARLOTTE, FL 33948 US

New Mailing Address:

FEI Number: 23-7193663

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

VERSNIK, PAUL
1777 TAMIAMI TRAIL
SUITE 407
PORT CHARLOTTE, FL 33948 US

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.

SIGNATURE:

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: KLEIN, DAVID DR.
Address: 1600 TAMIAMI TRAIL
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: VC () Delete
Name: DUNN, CHAIRMAN
Address: 329 EAST OLYMPIA AVENUE
City-St-Zip: PUNTA GORDA, FL 33950

Title: T () Delete
Name: VITO, STEVEN
Address: 18501 MURDOCK CR
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: S () Delete
Name: HARRINGTON, DEBBIE
Address: 315 WEST GRACE STREET
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: DUNN, RANDY
Address: 329 EAST OLYMPIA AVENUE
City-St-Zip: PUNTA GORDA, FL 33950

Title: VC (X) Change () Addition
Name: VITO, STEVEN
Address: C/O SUNTRUST BANK, 18501 MURDOCK CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: T (X) Change () Addition
Name: BRAY, ROBERT
Address: C/O MURDOCK FAMILY MEDICINE, 19531 COCHRAN
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: S (X) Change () Addition
Name: HARRINGTON, DEBBIE
Address: /C/O AMBITRANS, 315 WEST GRACE STREET
City-St-Zip: PUNTA GORDA, FL 33950

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL VERSNIK

CEO

04/29/2009

Electronic Signature of Signing Officer or Director

Date