

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 02, 2009
Secretary of State**

DOCUMENT# 723851

Entity Name: YOUNG MEN'S CHRISTIAN ASSOCIATION OF SOUTH PALM BEACH COUNTY, INC.

Current Principal Place of Business:

6631 PALMETTO CIRCLE SOUTH
BOCA RATON, FL 334333549 US

New Principal Place of Business:

Current Mailing Address:

6631 PALMETTO CIRCLE SOUTH
BOCA RATON, FL 334333549 US

New Mailing Address:

FEI Number: 59-1416281 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

POLLOCK, RICHARD PRESCEO
6631 PALMETTO CIRCLE SOUTH
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C/D () Delete
Name: MULHALL, JOHN T
Address: 10268 AVENIDA DEL RIO
City-St-Zip: DELRAY BEACH, FL 33446 US

Title: VC/D () Delete
Name: KITCHENS, BRADLEY
Address: 200 NORTH BEL AIR DRIVE
City-St-Zip: PLANTATION, FL 33317 US

Title: T/D () Delete
Name: ADKINS, PAUL
Address: 18743 LONG LAKE DRIVE
City-St-Zip: BOCA RATON, FL 33496 US

Title: S/D () Delete
Name: BOICE, YVONNE S
Address: 6018 SW 18TH STREET
City-St-Zip: BOCA RATON, FL 33431 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GARY FLAKS

CFO

04/02/2009

Electronic Signature of Signing Officer or Director

Date