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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name 724313 (2)

THE GREATER DAYTONA BEACH AREA YOUNG MEN'S CHRIS TIAN ASSOCIATION. INC.

HAN ASS	SOCIATION, INC.									
Principal Place of Business Mailing Address))		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
825 DERBYSHIRE RD DAYTONA BEACH FL 32117 825 DERBYSHIRE RD DAYTONA BEACH FL 32117			1117							
			DAYTONA BEACH FE 32117				Date Incorporated or Qualified 3a. Date of Last Report			
							09/11/1972		05/01/19	
2. Principal Place	of Business	2a.	Mailing Address				4. FEI Number 59-0638513		 	pplied For
		26					28.00303.13			ot Applicable Additional
Suite, Apt. #,	etc.	├	Suite, Apt. #, etc.				Certificate of Status Desired			lequired
D: 0.01-1-		27	City & State				6. Election Campaign Financing		\$5.00	May Be
City & State		28	Ony & Oldio				Trust Fund Contribution		Added	I to Fees
Zip	Country		Zip	Cou	ntry		8. This corporation has liability for i	ntangible	tax under s.	199.032,
· · · · · · · · · · · · · · · · · · ·	25	29		30			Florida Statutes 10. Name and Address of New R		No d Agent	
·	9. Name and Address of Curren	t Regist	ered Agent		81	Name	10. Name and Address of New N	ogistero	u Agoin	
					81					
BOSTIC, V					82	Street A	ddress (P.O. Box Number is Not Acceptab	le)		
	NCK LANE				83					
ORMOND	BEACH FL 32174								pe 7in	Code
					84	City		F		
	the previous of Sections 617.0600	2 and 617	1508 Florida Statute	es, the abo	ve-r	named cor	poration submits this statement for the pur	pose of	changing its re	egistered offi
or registered familiar with	d agent, or both, in the State of Flori and accept the obligations of, Section 2				corp	oration s t	poration submits this statement for the policies of directors. I hereby accept the app			
SIGNATURE s	gnature, typed or printed name of registered agen				1 Agan	it signature rei	quired when reinstating) ADDITIONS/CHANGES TO OFF	DATE		BS IN 12
12.	OFFICERS AN	D DIREC	TORS	13.	.T. F		ADDITIONS/CHANGES TO OFF	IOLIO A	Change	Addition
TITLE	MD		DELETE	1,1 T					□ 3.	
NAME	BOSTIC, WAYNE			1.2 N		T ADDRESS				
STREET ADDRESS	19 MAVERICK LANE					T ADDRESS				
CITY-ST-ZIP	ORMOND BEACH FL		DELETE	2.1 T		ST-ZIP	PD		Change	Addition
TITLE	PD SNELL, GREGG		Посселе		IAME		Hammond, Dr. Bob		••	
NAME	3570 OCEAN SHORE BLVD					T ADDRESS	624 S. Ridgewood A	ve.		
STREET ADDRESS	ORMOND BEACH FL						Daytona Beach, Fl		114	
CITY-ST-ZIP TITLE	VP		DELETE	311	_		VP		Change	Additio
NAME	HAMMOND, DR. BOB			321	NAME	ļ	Dytko, Ed			
STREET ADDRESS	624 S. RIDGEWOOD AVE.			3.3 \$	STREE	T ADDRESS	1804 Wright Dr.			
CITY-SI-ZIP	DAYTONA BEACH FL		_	3.4	CITY -	ST-ZIP	Daytona Beach, Fl	32	124	- Laania
TITLE	TD		□] DELET E	4.1	TITLE				Change	Additio
NAME	KENDALL, DAVE			4. 2	NAME					
STREET ADDRESS	827 BAYRIDGE LA.			4.3	STREE	T ADDRESS				
CITY-ST-ZIP	PORT ORANGE FL					ST-ZIP			☐ Change	Additio
TITLE	VP		DELETE		TITLE				□ o:iaiige	L. 7000110
NAME	SCHWARTZ, RICHARD				NAME					
STREET ADDRESS	101 PALMETTO AVE.					ET ADDRESS				
CITY-ST-ZIP	DAYTONA BEACH FL		- Decrete		_	ST-ZIP			Change	Addition
TITLE	SD		DELETÉ		NAME				- •	_
NAME	DYTKO, ED					ET ADORESS				
STREET ADDRESS	1804 WRIGHT DR.				CITY	CT 7IP				
CITY-ST-ZIP	DAYTONA BEACH FL	d with this	s filing is voluntarily fu				Lalify for the exemption stated in Section 11 securate and that my signature shall have the	9.07(3)(k), Florida Stati	utes. I further
certify that	the information indicated on this ar I am an officer or director of the cor Block 12 or Block 13 if changed, c	noration (or the receiver or trus	tee empov	t is t vered	true and ad d to execu	te this report as required by Chapter 617,	Fiorida S	tatutes; and the	hat my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-96 904-253-5675 Date Date Date Phone #

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