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FILED  
May 19 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **724313** (2)  
1. Corporation Name

**THE GREATER DAYTONA BEACH AREA YOUNG MEN'S CHRISTIAN ASSOCIATION, INC.**

Principal Place of Business <b>825 DERBYSHIRE RD DAYTONA BEACH FL 32117</b>	Mailing Address <b>825 DERBYSHIRE RD DAYTONA BEACH FL 32117</b>
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3. Date Incorporated or Qualified

**09/11/1972**

4. FEI Number

**59-0638513**

Applied For

Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOSTIC, WAYNE D.  
19 MAVERICK LANE  
ORMOND BEACH FL 32174**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **MD** ☐ DELETE

NAME **BOSTIC, WAYNE**  
STREET ADDRESS **19 MAVERICK LANE**  
CITY-ST-ZIP **ORMOND BEACH FL**

TITLE **VP** ☐ DELETE

NAME **VOGES, BILL**  
STREET ADDRESS **P.O. BOX 2860 N/A**  
CITY-ST-ZIP **DAYTONA BCH FL**

TITLE **VP** ☐ DELETE

NAME **DYTKO, ED**  
STREET ADDRESS **1804 WRIGHT DR**  
CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE **TD** ☐ DELETE

NAME **KENDALL, DAVE**  
STREET ADDRESS **827 BAYRIDGE LA.**  
CITY-ST-ZIP **PORT ORANGE FL**

TITLE **PD** ☒ DELETE

NAME **SCHWARTZ, RICHARD**  
STREET ADDRESS **101 S. PALMETTO**  
CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE **VP** ☐ DELETE

NAME **DYTKO, ED**  
STREET ADDRESS **1804 WRIGHT DR.**  
CITY-ST-ZIP **DAYTONA BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **SD** ☐ Change ☒ Addition

1.2 NAME **Richard Kearley**  
1.3 STREET ADDRESS **271 Golden Bag**  
1.4 CITY-ST-ZIP **Ormond Beach, FL**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Wayne Bostic* 5/1/98

904.253.5675

CR2E037 (10/97)