


FILE NOW: FILING FEE IS \$61.25

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Feb 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 724360 (3)

1. Corporation Name
**THE GREATER HOLLYWOOD YOUNG MEN'S CHRISTIAN ASSO
CIATION, INC.**

Principal Place of Business 3161 TAFT STREET HOLLYWOOD FL 33021	Mailing Address 3161 TAFT STREET HOLLYWOOD FL 33021-4442
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2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 09/18/1972		3a. Date of Last Report 01/25/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-1417563		Applied For Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 29		Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent MCNAIR, BOB 1021 WASHINGTON ST HOLLYWOOD FL 33019		10. Name and Address of New Registered Agent	
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HUTCHINSON, DALE		1.2 NAME LARRY LEGG	
STREET ADDRESS 2411 HOLLYWOOD BLVD.		1.3 STREET ADDRESS 1928 TYLER ST	
CITY-ST-ZIP HOLLYWOOD FL		1.4 CITY-ST-ZIP HOLLYWOOD, FL 33020	
TITLE SD	<input type="checkbox"/> DELETE	2.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOGGS, LESTER		2.2 NAME	
STREET ADDRESS 1320 STIRLING ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP DANIA FL		2.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	3.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME YANG, RAY		3.2 NAME	
STREET ADDRESS 6600 TAFT STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP HOLLYWOOD FL		3.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	4.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CASEY, DAN		4.2 NAME	
STREET ADDRESS 210 S BISCAYNE BLVD, SUITE 2000		4.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		4.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BUTLER, MARK		5.2 NAME STEVE PARKER	
STREET ADDRESS 4801 SHERIDAN ST SUITE 505		5.3 STREET ADDRESS 1003 N. 35TH AVE	
CITY-ST-ZIP HOLLYWOOD FL		5.4 CITY-ST-ZIP HOLLYWOOD, FL 33021	
TITLE VD	<input type="checkbox"/> DELETE	6.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KOCH, JEFF		6.2 NAME	
STREET ADDRESS 4700 SHERIDAN ST		6.3 STREET ADDRESS	
CITY-ST-ZIP HOLLYWOOD FL		6.4 CITY-ST-ZIP	

14. I do 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: *[Signature]* 1/15/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0021615

CR2E037 (9/96)