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NONPROFIT CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **724360**

1. Corporation Name
THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF SOUTH BROWARD COUNTY, INC.

Principal Place of Business
**3161 TAFT STREET
HOLLYWOOD FL 33021**

Mailing Address
**3161 TAFT STREET
HOLLYWOOD FL 33021**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/18/1972	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1417563	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PARTIN, MARY 8401 NW 47TH PLACE LAUDERHILL FL 33351		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 *Mary Partin* **MARY PARTIN, PRESIDENT/CEO** **4-6-99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARRY LEGG	1.2 NAME	
STREET ADDRESS	1928 TYLER ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	PD Boggs, Lester <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOGGS, LESTER	2.2 NAME	2057 Taft Street
STREET ADDRESS	1320 STIRLING ROAD	2.3 STREET ADDRESS	Hollywood, FL 33020
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	CASEY, DAN	3.2 NAME	
STREET ADDRESS	210 S BISCAYNE BLVD, SUITE 2000	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI 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	STEVE PARKER	4.2 NAME	
STREET ADDRESS	1003 N. 35TH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	KOCH, JEFF	5.2 NAME	
STREET ADDRESS	4700 SHERIDAN ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	5.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTA PRADO	6.2 NAME	1200 S BONE ISLAND RD, STE 600
STREET ADDRESS		6.3 STREET ADDRESS	FT. LAUD, FL 33324
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: **SIG. LESTER C. Boggs President 4/8/99 954-923-3440**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037..(11/98)