

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 728898 (8)  
1. Corporation Name  
CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN ASSOCIATION



Principal Place of Business  
433 N MILLS AVE.  
ORLANDO FL 32803

Mailing Address  
433 N MILLS AVE.  
ORLANDO FL 32803

3. Date Incorporated or Qualified  
02/15/1974

3a. Date of Last Report  
05/01/1995

4. FEI Number  
59-0624430

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business  
21  
Suite, Apt. #, etc.  
22  
City & State  
23  
Zip  
24  
Country  
25

2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
29  
Country  
30

9. Name and Address of Current Registered Agent

WARLUCK, THOMAS H.  
14 E WASHINGTON ST  
ORLANDO FL 32801

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD
NAME	CLARK, RODNEY	12 NAME	CHAIRMAN
STREET ADDRESS	213 EAST COLONIAL DR	13 STREET ADDRESS	MAHURIN, DANIEL
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	200 S. ORANGE AV SUNTRUST NA
TITLE	MAHURIN, DANIEL	21 TITLE	VICE CHAIRMAN
NAME	MAHURIN, DANIEL	22 NAME	WEBB, JOHN - VICE CHAIRMAN
STREET ADDRESS	200 SOUTH ORANGE AVENUE, SUN BANK, N/A	23 STREET ADDRESS	545 DELANEY AV
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	ORLANDO, FL
TITLE	PPD	31 TITLE	
NAME	MARTINEZ, RAFAEL	32 NAME	
STREET ADDRESS	P.O. BOX 753 N/A	33 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32802	34 CITY-ST-ZIP	
TITLE	PD VICE CHAIRMAN	41 TITLE	
NAME	RUFFIER, DANIEL	42 NAME	
STREET ADDRESS	200 E NEW ENGLAND AVE	43 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	44 CITY-ST-ZIP	
TITLE	SD	51 TITLE	
NAME	MILLER, STEVE	52 NAME	
STREET ADDRESS	214 E LUCERNE CIR	53 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	54 CITY-ST-ZIP	
TITLE	TD	61 TITLE	TD
NAME	WEBB, JOHN	62 NAME	JOHNNIE JAMES
STREET ADDRESS	545 DELANEY AVE	63 STREET ADDRESS	2600 MAITLAND CENTER PKWY STE 330
CITY-ST-ZIP	ORLANDO FL	64 CITY-ST-ZIP	MAITLAND, FL 32751

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 attached agent with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL MAHURIN

1/31/96

Date

407 896 9220

Daytime Phone #

CR2E037 (12/95)