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Mar 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 728898 (8)

1. Corporation Name

CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN ASSOCIATIO
N

Principal Place of Business

433 N MILLS AVE.
ORLANDO FL 32803

Mailing Address

433 N MILLS AVE.
ORLANDO FL 32803-57213. Date Incorporated or Qualified
02/15/19743a. Date of Last Report
03/28/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

24

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number
59-0624430Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MAHURIN, DANIEL	
STREET ADDRESS	200 S ORANGE AV SUNTRUST NA	
CITY-ST-ZIP	ORLANDO FL 32897	

1.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> DELETE
NAME	WEBB, JOHN	
STREET ADDRESS	545 DELANEY AV	
CITY-ST-ZIP	ORLANDO FL	

2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> DELETE
NAME	JAMES, JOHNNIE	
STREET ADDRESS	2600 MAITLAND CENTER PKWY, SUITE 330	
CITY-ST-ZIP	MAITLAND FL 32751	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RUFFIER, DANIEL	
STREET ADDRESS	200 E NEW ENGLAND AVE	
CITY-ST-ZIP	WINTER PARK FL	

4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> DELETE
NAME	MILLER, STEVE	
STREET ADDRESS	214 E LUCERNE CIR	
CITY-ST-ZIP	ORLANDO FL	

5.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Dennis Delanto	
6.3 STREET ADDRESS	7380 Sand Lake Rd, Suite 230	
6.4 CITY-ST-ZIP	Orlando FL 32819	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0016243

CR2E037 (9/96)