

FILE NOW: FILING FEE IS \$61.25

FILED
May 18 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **728898** (8)

1. Corporation Name

CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**433 N MILLS AVE.
ORLANDO FL 32803**

**433 N MILLS AVE.
ORLANDO FL 32803**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/15/1974

4. FEI Number

59-0624430

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

**FERBER, JAMES W
433 N MILLS AVE.
ORLANDO FL 32803**

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 reinstalling)

DATE

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|---|
| TITLE | VD <input checked="" type="checkbox"/> DELETE |
| NAME | MAHURIN, DANIEL |
| STREET ADDRESS | 200 S ORANGE AV SUNTRUST NA |
| CITY-ST-ZIP | ORLANDO FL |
| TITLE | PD <input checked="" type="checkbox"/> DELETE |
| NAME | WEBB, JOHN |
| STREET ADDRESS | 545 DELANEY AV |
| CITY-ST-ZIP | ORLANDO FL |
| TITLE | TD <input checked="" type="checkbox"/> DELETE |
| NAME | JAMES, JOHNNIE |
| STREET ADDRESS | 2600 MAITLAND CENTER PKWY, SUITE 330 |
| CITY-ST-ZIP | MAITLAND FL 32751 |
| TITLE | VD <input type="checkbox"/> DELETE |
| NAME | RUFFIER, DANIEL |
| STREET ADDRESS | 200 E NEW ENGLAND AVE |
| CITY-ST-ZIP | WINTER PARK FL |
| TITLE | VD <input checked="" type="checkbox"/> DELETE |
| NAME | MILLER, STEVE |
| STREET ADDRESS | 214 E LUCERNE CIR |
| CITY-ST-ZIP | ORLANDO FL |
| TITLE | SD <input checked="" type="checkbox"/> DELETE |
| NAME | DECANLO, DENNIS |
| STREET ADDRESS | 7380 SAND LAKE RD., STE. 230 |
| CITY-ST-ZIP | ORLANDO FL |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 1.1 TITLE | VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | CLARENCE OTIS |
| 1.3 STREET ADDRESS | 5900 LAKE ELLICOTT DR |
| 1.4 CITY-ST-ZIP | ORLANDO, FL |
| 2.1 TITLE | PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | THOMAS WATKINS |
| 2.3 STREET ADDRESS | 316 E Pine St |
| 2.4 CITY-ST-ZIP | ORLANDO, FL |
| 3.1 TITLE | TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | PHIL JAMES |
| 3.3 STREET ADDRESS | 340 N. PRIMROSE DR |
| 3.4 CITY-ST-ZIP | ORLANDO, FL |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | CHRIS CARUSO |
| 5.3 STREET ADDRESS | 738 HARDMAN DR |
| 5.4 CITY-ST-ZIP | ORLANDO, FL |
| 6.1 TITLE | SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | CHAS BRILES |
| 6.3 STREET ADDRESS | 8989 S. ORANGE AVE |
| 6.4 CITY-ST-ZIP | ORLANDO, FL |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 #

0016016

CR2E037 (10/97)