

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2005 8:00 am
Secretary of State

09-09-2005 90033 030 ****61.25

DOCUMENT # 728898

1. Entity Name
**CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN
ASSOCIATION, INC.**



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

Mailing Address
**433 N MILLS AVE.
ORLANDO, FL 32803**

50066119



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06282005

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-0624430

Applied For
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME FERBER, JAMES W
STREET ADDRESS 433 N. MILLS AVE
CITY-ST-ZIP ORLANDO, FL 32803

TITLE V ☐ Delete
NAME WILCOX, DAN
STREET ADDRESS 433 N MILLS AVE
CITY-ST-ZIP ORLANDO, FL 32803

TITLE V ☐ Delete
NAME RUSSELL, MARK
STREET ADDRESS 433 N MILLS AVE
CITY-ST-ZIP ORLANDO, FL 32803

TITLE CD ☒ Delete
NAME PIERCE, CHARLES
STREET ADDRESS 433 N. MILLS AVENUE
CITY-ST-ZIP ORLANDO, FL 32803

TITLE D ☐ Delete
NAME FISHER, ROBIN
STREET ADDRESS 433 N. MILLS AVENUE
CITY-ST-ZIP ORLANDO, FL 32803

TITLE TD ☐ Delete
NAME WEBB, CHIP
STREET ADDRESS 433 N. MILLS AVENUE
CITY-ST-ZIP ORLANDO, FL 32803

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **SD Martinez, Ralph**
STREET ADDRESS **433 N Mills Ave.**
CITY-ST-ZIP **Orlando, FL 32803**

TITLE ☒ Change ☐ Addition
NAME **CD Fisher, Robin**
STREET ADDRESS **433 N. Mills Avenue**
CITY-ST-ZIP **Orlando, FL 32803**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-605