

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 729283**

1. Entity Name

YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER PEN**FILED**
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90088 041 ****61.25

Principal Place of Business	Mailing Address
400 NORTH PALAFOX STREET PENSACOLA FL 32501	400 NORTH PALAFOX STREET PENSACOLA FL 32501

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number	Applied For
59-0624465	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
VOGELSANG, LARRY C/O 410 NORTH PALAFOX ST. PENSACOLA FL 32501

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
---	---	--	--

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
<table><tr><td>TITLE</td><td>SD</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>PHILLIPS, PHIL</td><td></td></tr><tr><td>STREET ADDRESS</td><td>1008 E. GONZOLEZ</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>PENSACOLA FL 32503</td><td></td></tr></table>	TITLE	SD	<input type="checkbox"/> Delete	NAME	PHILLIPS, PHIL		STREET ADDRESS	1008 E. GONZOLEZ		CITY-ST-ZIP	PENSACOLA FL 32503		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete																							
NAME	PHILLIPS, PHIL																								
STREET ADDRESS	1008 E. GONZOLEZ																								
CITY-ST-ZIP	PENSACOLA FL 32503																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>CD</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>SNYDER, BOB</td><td></td></tr><tr><td>STREET ADDRESS</td><td>P O BOX 2189 N/A</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>PENSACOLA FL 32503</td><td></td></tr></table>	TITLE	CD	<input type="checkbox"/> Delete	NAME	SNYDER, BOB		STREET ADDRESS	P O BOX 2189 N/A		CITY-ST-ZIP	PENSACOLA FL 32503		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Delete																							
NAME	SNYDER, BOB																								
STREET ADDRESS	P O BOX 2189 N/A																								
CITY-ST-ZIP	PENSACOLA FL 32503																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>TD</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>OWENS, TOM</td><td></td></tr><tr><td>STREET ADDRESS</td><td>4417 LAJOLLA</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>PENSACOLA FL 32503</td><td></td></tr></table>	TITLE	TD	<input type="checkbox"/> Delete	NAME	OWENS, TOM		STREET ADDRESS	4417 LAJOLLA		CITY-ST-ZIP	PENSACOLA FL 32503		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete																							
NAME	OWENS, TOM																								
STREET ADDRESS	4417 LAJOLLA																								
CITY-ST-ZIP	PENSACOLA FL 32503																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>M</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>VOGELSANG, LARRY</td><td></td></tr><tr><td>STREET ADDRESS</td><td>410 N. PALAFOX</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>PENSACOLA FL 32501</td><td></td></tr></table>	TITLE	M	<input type="checkbox"/> Delete	NAME	VOGELSANG, LARRY		STREET ADDRESS	410 N. PALAFOX		CITY-ST-ZIP	PENSACOLA FL 32501		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	M	<input type="checkbox"/> Delete																							
NAME	VOGELSANG, LARRY																								
STREET ADDRESS	410 N. PALAFOX																								
CITY-ST-ZIP	PENSACOLA FL 32501																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>VC</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>DYSON, JULIE</td><td></td></tr><tr><td>STREET ADDRESS</td><td>3900 LEESWAY CIR</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>PENSACOLA FL 32504</td><td></td></tr></table>	TITLE	VC	<input type="checkbox"/> Delete	NAME	DYSON, JULIE		STREET ADDRESS	3900 LEESWAY CIR		CITY-ST-ZIP	PENSACOLA FL 32504		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	VC	<input type="checkbox"/> Delete																							
NAME	DYSON, JULIE																								
STREET ADDRESS	3900 LEESWAY CIR																								
CITY-ST-ZIP	PENSACOLA FL 32504																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

LARRY VOGELSANG

2/19/01

Date

(850) 432-8321

Daytime Phone #

CR2E037 (10/00)