

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2004 08:00 AM
Secretary of State

DOCUMENT # 729283

1. Entity Name
**YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER
PENSACOLA, FLORIDA, INC.**



Principal Place of Business
**400 NORTH PALAFOX STREET
PENSACOLA, FL 32501**

Mailing Address
**400 NORTH PALAFOX STREET
PENSACOLA, FL 32501**



01122004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0624465

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**VOGELSANG, LARRY
C/O 410 NORTH PALAFOX ST.
PENSACOLA, FL 32501**

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
PHILLIPS, PHIL
1008 E. GONZOLEZ
PENSACOLA, FL 32503**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VC
RITCHIE, BUZZ
316 S BAYLEN #200
PENSACOLA, FL 32501**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
OWENS, TOM
4417 LAJOLLA
PENSACOLA, FL 32503**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**M
VOGELSANG, LARRY
410 N. PALAFOX
PENSACOLA, FL 32501**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CD
DYSON, JULIE
3900 LEESWAY CIR
PENSACOLA, FL 32504**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

U00000024106
02/02/04-80052-008 61.25

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 517, 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

1/12/04 (850) 438-4406

Date

Daytime Phone #