


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90261 024 \*\*\*\*61.25

<b>DOCUMENT # 729283</b> 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
VOGELSANG, LARRY C/O 410 NORTH PALAFOX ST. PENSACOLA, FL 32501				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SD</del> PHILLIPS, PHIL 1008 E. GONZOLEZ PENSACOLA, FL 32503		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VC</del> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VC</del> RITCHIE, BUZZ 316 S BAYLEN #200 PENSACOLA, FL 32501		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>C</del> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>TD</del> OWENS, TOM 4417 LAJOLLA PENSACOLA, FL 32503		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>T.D</del> JOHN DANIEL 2040 UTICA PENSACOLA FL 32503	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>M</del> VOGELSANG, LARRY 410 N. PALAFOX PENSACOLA, FL 32501		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>CD</del> DYSON, JULIE 3900 LEESWAY CIR PENSACOLA, FL 32504		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SD</del> DON HESS 585 WIND ROSE PENSACOLA, FL 32507	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.					
<b>SIGNATURE:</b> <i>Larry Vogelsang</i> <b>LARRY VOGELSANG</b>			<b>4/8/05</b> <b>850-291-3289</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		