


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90044 002 ****61.25

DOCUMENT # 729283 1. Entity Name YOUNG MEN'S CHRISTIAN ASSOCIATION OF NORTHWEST 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 - No P.O. Box #		3. Mailing Address 415 Tarragona St B			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Pensacola, FL			
Zip	Country	Zip 32501	Country USA	4. FEI Number 59-0624465	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VOGELSANG, LARRY 400 NORTH PALAFOX STREET PENSACOLA, FL 32501			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 415 B Tarragona St City Pensacola FL Zip Code 32501		
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 <u><i>[Signature]</i></u> 2/28/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC PHILLIPS, PHIL 1008 E. GONZALEZ PENSACOLA, FL 32503		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PHILLIPS, PHIL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C DANIEL, JOHN 2040 UTICA PENSACOLA, FL 32503		TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD NICKELSEN, RIC 101 W. GARDEN ST PENSACOLA, FL 32502 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M VOGELSANG, LARRY 415 B Tarragona St 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	SD HESS, DON 585 WINDROSE PENSACOLA, FL 32507		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD OWENS, TOM 1901 E. GADSDEN ST PENSACOLA, FL 32501		TITLE NAME STREET ADDRESS CITY - ST - ZIP	C OWENS, Tom <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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 exemptions contained in Chapter 119, 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 addressee, with an other like empowered.					
SIGNATURE: <u><i>[Signature]</i></u> 2/28/08 850-291-3289 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					