2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 AM
Secretary of State

DOCUMENT# 732749

Entity Name: YMCA OF WEST CENTRAL FLORIDA, INC.

Current Principal Place of Business:

3620 CLEVELAND HGHTS BLVD
LAKELAND, FL 338031997

New Principal Place of Business:

3620 CLEVELAND HGHTS BLVD
LAKELAND, FL 338034963

Current Mailing Address:

3620 CLEVELAND HGHTS BLVD
LAKELAND, FL 338031997

New Mailing Address:

3620 CLEVELAND HGHTS BLVD
LAKELAND, FL 338034963

FEI Number: 59-1158144 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLLINS, ALICE SLACK
3620 CLEVELAND HEIGHTS BLVD
LAKELAND, FL 33803 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: TART, DOUGLAS C
Address: PO BOX 8204
City-St-Zip: LAKELAND, FL

Title: VCD (X) Delete
Name: BECKER, BETH
Address: 2314 NEVEADA RD.
City-St-Zip: LAKELAND, FL

Title: CED (X) Delete
Name: GITHENS, STEVE
Address: 1212 GEORGE JENKINS
City-St-Zip: LAKELAND, FL

Title: SD ( ) Delete
Name: VINING, GEOFFREY
Address: PO BOX 2525
City-St-Zip: LAKELAND, FL

Title: TD ( ) Delete
Name: ENGLISH, BOB
Address: 828 PARK HILL AVE.
City-St-Zip: LAKELAND, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition
Name: TART, DOUGLAS C
Address: PO BOX 8204
City-St-Zip: LAKELAND, FL 33802

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: VINING, GEOFFREY
Address: PO BOX 2525
City-St-Zip: LAKELAND, FL 33806

Title: TD (X) Change ( ) Addition
Name: ENGLISH, BOB
Address: 624 CRESCENT HILL PL
City-St-Zip: LAKELAND, FL 33813

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C. DOUGLAS TART CD 02/07/2002

Electronic Signature of Signing Officer or Director — Date