

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90025 026 ****61.25

DOCUMENT # 732749

1. Entity Name
**YOUNG MEN'S CHRISTIAN ASSOCIATION OF WEST
CENTRAL FLORIDA, INC.**



Principal Place of Business
**3620 CLEVELAND HGHTS BLVD
LAKELAND, FL 33803-4963**

Mailing Address
**3620 CLEVELAND HGHTS BLVD
LAKELAND, FL 33803-4963**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address



01082007 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-1158144

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Alice Slack Collins

Alice Slack Collins President/CEO

1-15-2007

Signature, typed or printed name of registered agent and if not applicable

Signature, typed or printed name of registered agent and if not applicable

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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

FILE ☐ Delete
NAME **D TART, DOUGLAS C**
STREET ADDRESS **3620 CLEVELAND HEIGHTS BLVD**
CITY-STATE-ZIP **LAKELAND, FL 33803**

FILE ☐ Delete
NAME **VD CD VINING, GEOFFREY**
STREET ADDRESS **3620 CLEVELAND HEIGHTS BLVD**
CITY-STATE-ZIP **LAKELAND, FL 33803**

FILE ☐ Delete
NAME **SD ENGLISH, BOB**
STREET ADDRESS **3620 CLEVELAND HEIGHTS BLVD**
CITY-STATE-ZIP **LAKELAND, FL 33803**

FILE ☐ Delete
NAME **CD D RABIN, GARY S**
STREET ADDRESS **3620 CLEVELAND HEIGHTS BLVD**
CITY-STATE-ZIP **LAKELAND, FL 33803**

FILE ☐ Delete
NAME **TD MILTON, ZENAPHA**
STREET ADDRESS **3620 CLEVELAND HEIGHTS BLVD**
CITY-STATE-ZIP **LAKELAND, FL 33803**

FILE ☐ Delete
NAME **D ENGLISH, JACK**
STREET ADDRESS **3620 CLEVELAND HEIGHTS BLVD**
CITY-STATE-ZIP **LAKELAND, FL 33803**

FILE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

FILE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

FILE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

FILE ☐ Change ☐ Addition
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FILE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

FILE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert English

Robert English, Secretary YMCA 1/15/2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Page #