

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90238 001 ***131.25

DOCUMENT # 741308

1. Entity Name
**YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE
TREASURE COAST, FLORIDA, INC.**



Principal Place of Business
**1700 SE MONTEREY RD.
STUART, FL 34996**

Mailing Address
**1700 SE MONTEREY RD.
STUART, FL 34996**

66010249



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04052005

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1911653

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

**LASS, JOHN M
1700 SE MONTEREY BLVD
STUART, FL 34996**

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

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, 2005**

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

TITLE **C** ☐ Delete
NAME **PLYMALE, SHERRY**
STREET ADDRESS **2361 SW RIVERSIDE**
CITY-ST-ZIP **PALM CITY, FL 34990**

TITLE ☐ Change ☒ Addition
NAME **Bruce Alvigi**
STREET ADDRESS **300 NW Peacock Blvd**
CITY-ST-ZIP **Pt. St. Lucie, FL 34986**

TITLE **P** ☐ Delete
NAME **LASS, JOHN M**
STREET ADDRESS **1700 SE MONTEREY ROAD**
CITY-ST-ZIP **STUART, FL 34996**

TITLE ☐ Change ☒ Addition
NAME **Andrew Taylor**
STREET ADDRESS **582 River Citrus Products**
CITY-ST-ZIP **Vero Beach FL 32983**

TITLE **D** ☒ Delete
NAME **FEDOREK, JOHN**
STREET ADDRESS **2100 SE OCEAN BLVD #205**
CITY-ST-ZIP **STUART, FL 34996**

TITLE ☐ Change ☒ Addition
NAME **Robert Bedingfield**
STREET ADDRESS **7052 Winged Foot Drive**
CITY-ST-ZIP **Stuart FL 34997**

TITLE **D** ☒ Delete
NAME **ROBERTS, HAL**
STREET ADDRESS **100 S SECOND ST.**
CITY-ST-ZIP **FORT PIERCE, FL 34950**

TITLE ☐ Change ☒ Addition
NAME **Councilwoman Dist B Pt St Lucie**
STREET ADDRESS **Michelle Berger**
CITY-ST-ZIP **City Hall Building A**
Port St. Lucie FL 34984

TITLE **DT** ☐ Delete
NAME **SCHRAMM, STEPHEN**
STREET ADDRESS **1000 SE MONTEREY COMMON BLVD., STE. 101**
CITY-ST-ZIP **STUART, FL 34996**

TITLE ☐ Change ☒ Addition
NAME **CFO-Indian town Gas**
STREET ADDRESS **Melissa Powers**
CITY-ST-ZIP **P.O. Box 9**
Indian town FL 34956

TITLE **S/D** ☐ Delete
NAME **MCCANN, JAMES**
STREET ADDRESS **516 SW CAMDEN AVE**
CITY-ST-ZIP **STUART, FL 34994**

TITLE ☐ Change ☒ Addition
NAME **Terry McCarthy**
STREET ADDRESS **2400 SE Federal Hwy., 4th Floor**
CITY-ST-ZIP **Stuart FL 34994**

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John M. Lass President / CEO

Date

Daytime Phone #

772 286-4414