

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741308

FILED
Apr 30, 2007
Secretary of State

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

Current Principal Place of Business:

1700 SE MONTEREY RD.
STUART, FL 34996

New Principal Place of Business:

Current Mailing Address:

1700 SE MONTEREY RD.
STUART, FL 34996

New Mailing Address:

FEI Number: 59-1911653

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LASS, JOHN M
1700 SE MONTEREY BLVD
STUART, FL 34996 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: C () Delete
Name: SCHRAMM, STEPHEN
Address: 1000 SE MONTEREY COMMONS BLVD
City-St-Zip: STUART, FL 34996

Title: P () Delete
Name: LASS, JOHN M
Address: 1700 SE MONTEREY ROAD
City-St-Zip: STUART, FL 34996

Title: S () Delete
Name: POWERS, MELISSA
Address: P.O. BOX 9
City-St-Zip: INDIANTOWN, FL 34956

Title: D () Delete
Name: WESTERGAARD, DICK
Address: 9650 S. OCEAN BLVD #1402
City-St-Zip: JENSEN BEACH, FL 34957

Title: D () Delete
Name: BERGER, MICHELLE L
Address: CITY HALL BLDG
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: D () Delete
Name: MCCANN, JAMES W HON
Address: 516 SW CAMDEN AVE
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VC (X) Change () Addition
Name: POWERS, MELISSA
Address: P.O. BOX 9
City-St-Zip: INDIANTOWN, FL 34956

Title: T (X) Change () Addition
Name: WESTERGAARD, DICK
Address: 9650 S. OCEAN BLVD #1402
City-St-Zip: JENSEN BEACH, FL 34957

Title: S (X) Change () Addition
Name: BERGER, MICHELLE L
Address: CITY HALL BLDG
City-St-Zip: PORT SAINT LUCIE, FL 34984

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOHN M LASS

CEO

04/30/2007

Electronic Signature of Signing Officer or Director

Date