

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766313

FILED  
Apr 20, 2004  
Secretary of State

**Entity Name:** THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF COLLIERCOUNTY ENDOWMENT BOARD, INC.

**Current Principal Place of Business:**

5450 YMCA ROAD  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

5450 YMCA ROAD  
NAPLES, FL 34109

**New Mailing Address:**

**FEI Number:** 59-2281682

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOSSING, MARY S  
YMCA OF COLLIER COUNTY  
5450 YMCA RD  
NAPLES, FL 34109 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: D ( ) Delete  
Name: GARNER, FRED  
Address: 9240 BONITA BEACH RD BLDG C STE 1101  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: P ( ) Delete  
Name: BENSON, STEVE  
Address: 8020 SAN SIMEON WAY  
City-St-Zip: NAPLES, FL 34109

Title: S (X) Delete  
Name: RUCKER, ROBIN  
Address: 4001 TAMiami TR. NORTH  
City-St-Zip: NAPLES, FL 34103

Title: T ( ) Delete  
Name: FREDSTROM, SCOTT  
Address: 9240 BONITA BEACH RD #3318  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D ( ) Delete  
Name: WHITTENHALL, JOEL  
Address: 9021 BONITA BEACH RD.  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D (X) Delete  
Name: NORRIS, JIM  
Address: 3660 FORT CHARLES DRIVE  
City-St-Zip: NAPLES, FL 34102

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

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: SCOTT FREDSTROM

T

04/20/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date