· FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N00862** **(5)**

1. Corporation Name

YOUNG MEN'S CHRISTIAN ASSOCIATION OF BROWARD COU NTY, FLORIDA, INC.

Principal Place of Business	Mailing Address
1702 CORDOVA ROAD FT LAUDERDALE FL 33316	1702 CORDOVA ROAD FT LAUDERDALE FL 33316

3. Date Incorporated or Qualified: **01/10/1984**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **59-0624463** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MORGAN, BARBARA J
1702 CORDOVA RD
FT LADUERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Barbara J. Morgan Barbara J. Morgan 6-3-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	☒ DELETE	1.1 TITLE	Vice President - D	☐ Change ☒ Addition
NAME	HAAG, WILLIAM K		1.2 NAME	Lawrence A. Rich	
STREET ADDRESS	1601 N HARRISON PKWY		1.3 STREET ADDRESS	100 N.W. 12th Avenue	
CITY-ST-ZIP	SUNRISE FL		1.4 CITY-ST-ZIP	Ft. Laud., FL. 33443	
TITLE	P	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MOORE, CARLTON		2.2 NAME		
STREET ADDRESS	P.O. BOX 14250		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	3.1 TITLE	President - D	☒ Change ☐ Addition
NAME	BIGELOW, ARTHUR		3.2 NAME	Bigelow Arthur	
STREET ADDRESS	ONE E BROWARD BLVD	→	3.3 STREET ADDRESS	1 E. Broward Blvd.	
CITY-ST-ZIP	FT LAUDERDALE FL		3.4 CITY-ST-ZIP	Ft. Laud., FL.	
TITLE	SD	☒ DELETE	4.1 TITLE	Secretary - D	☐ Change ☒ Addition
NAME	GERWENS, JOE		4.2 NAME	Gregory A. McLaughlin	
STREET ADDRESS	2601 W BROWARD BLVD		4.3 STREET ADDRESS	110 S.E. 6th St. - 28th Floor	
CITY-ST-ZIP	FT LAUDERDALE FL		4.4 CITY-ST-ZIP	Ft. Laud., FL. 33301	
TITLE	TD - D	☐ DELETE	5.1 TITLE	000001884280	☐ Change ☐ Addition
NAME	REPETSKI, MARK S	OK	5.2 NAME	-07/03/96--01108--029	
STREET ADDRESS	100 NE 3RD AVE		5.3 STREET ADDRESS	***61.25	
CITY-ST-ZIP	FT. LAUDERDALE FL		5.4 CITY-ST-ZIP		
TITLE	MDD	☒ DELETE	6.1 TITLE	John Turner, C.E.O. - D	☐ Change ☒ Addition
NAME	MORGAN, BARBARA J		6.2 NAME	c/o YMCA	
STREET ADDRESS	1702 CORDOVA RD		6.3 STREET ADDRESS	1702 Cordova Rd.	
CITY-ST-ZIP	FT. LAUDERDALE FL		6.4 CITY-ST-ZIP	Ft. Laud., FL. 33316	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barbara J. Morgan Barbara J. Morgan 6-3-96 832-6021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #