

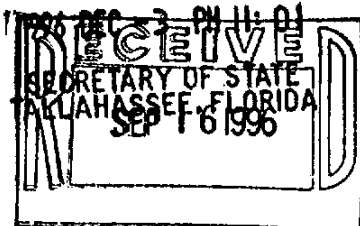
FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

APPROVED AND FILED #61.25



DOCUMENT # N00862

1. Corporation Name

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

Principal Place of Business

1702 Cordova Road  
Ft. Lauderdale, FL. 33316

Mailing Address  
(Same)

3. Date Incorporated or Qualified  
1/10/1984

3a. Date of Last Report  
6/6/96

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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 Road  
Ft. Lauderdale, FL. 33316

10. Name and Address of New Registered Agent

81 Name  
TURNER, JOHN  
82 Street Address (P.O. Box Number is Not Acceptable)  
1702 Cordova Road  
83  
84 City  
Ft. Lauderdale  
85 Zip Code  
FL 33316

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

Signature typed or printed name of registered agent and title if applicable

John Turner, CEO

11/20/96

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT D  
Bigelow, Arthur  
One E. Broward Blvd.  
Ft. Lauderdale, FL.

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VICE PRESIDENT D  
Rich, Lawrence A.  
100 N.W. 12th Avenue  
Ft. Lauderdale, FL. 33433

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SECRETARY D  
McLaughlin, Gregory A.  
110 S.E. 6th St.-28th Floor  
Ft. Lauderdale, FL. 33301

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VICE PRESIDENT  
Haag, William K.  
1601 N. Harrison Pkwy.  
Sunrise, FL.

7.1 TITLE  
7.2 NAME  
7.3 STREET ADDRESS  
7.4 CITY-ST-ZIP  
8.1 TITLE  
8.2 NAME  
8.3 STREET ADDRESS  
8.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TREASURER  
Repetski, Mark S.  
100 N.E. 3rd Ave.  
Ft. Lauderdale, FL.

9.1 TITLE  
9.2 NAME  
9.3 STREET ADDRESS  
9.4 CITY-ST-ZIP  
10.1 TITLE  
10.2 NAME  
10.3 STREET ADDRESS  
10.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MDD  
Morgan, Barbara J.  
1702 Cordova Road  
Ft. Lauderdale, FL.

11.1 TITLE  
11.2 NAME  
11.3 STREET ADDRESS  
11.4 CITY-ST-ZIP  
12.1 TITLE  
12.2 NAME  
12.3 STREET ADDRESS  
12.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Turner, CEO

Date

11/20/96

Daytime Phone #

CR2E037 (12/95)