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Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 33316-2105

3. Date Incorporated or Qualified: 01/10/1984
3a. Date of Last Report: 07/03/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 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: John Turner
82 Street Address (P.O. Box Numbers Not Acceptable): 1702 Cordova Road
83
84 City: Ft. Lauderdale FL 85 Zip Code: 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] John Turner, C.E.O. DATE: 1/23/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	☐ DELETE	1.1 TITLE	VPD	☐ Change ☒ Addition
NAME	RICH, LAWRENCE A		1.2 NAME	Joe Gerwens	
STREET ADDRESS	100 NW 12TH AVENUE		1.3 STREET ADDRESS	2601 W. Broward Blvd.	
CITY-ST-ZIP	FT LAUDERDALE FL 33443		1.4 CITY-ST-ZIP	Ft. Laud., FL. 33312	
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BIGELOW, ARTHUR		2.2 NAME		
STREET ADDRESS	1 E BROWEND BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUD FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MCLAUGHLIN, GREGORY		3.2 NAME		
STREET ADDRESS	110 SE 6TH ST., 28TH FLOOR		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUD FL 33301		3.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	4.1 TITLE	Stephen Cooney - TD	☐ Change ☒ Addition
NAME	REPETSKI, MARK		4.2 NAME	501 E. Las Olas Blvd.	
STREET ADDRESS	100 NE 3RD AVE		4.3 STREET ADDRESS	Ft. Lauderdale, FL. 33302	
CITY-ST-ZIP	FT LAUDERDALE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	TURNER, JOHN		5.2 NAME		
STREET ADDRESS	1702 CORDOVA RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUD FL 33316		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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] John Turner, C.E.O. 1/23/97 (954)832-9622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0036501