

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 COUNTY, FLORIDA, INC.

Principal Place of Business

Mailing Address

**1702 CORDOVA ROAD
FT LAUDERDALE FL 33316**

**1702 CORDOVA ROAD
FT LAUDERDALE FL 33316**



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	01/10/1984	59-0624463	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23 Zip	28 Zip	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
24 Country	29 Country			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TURNER, JOHN
1702 CORDOVA ROAD
FT LAUDERDALE FL 33316**

81 Name **Ann May**
82 Street Address (P.O. Box Number is Not Acceptable) **(SAME)**
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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BIGELOW, ARTHUR	1.2 NAME	VPD
STREET ADDRESS	ONE E. BROWARD BLVD	1.3 STREET ADDRESS	Mania T. Bailey
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	110 SE 6th Street Ft. Lauderdale, FL 33301
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICH, LAWRENCE A	2.2 NAME	
STREET ADDRESS	100 N.W. 12TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33433	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLAUGHLIN, GREGORY A	3.2 NAME	
STREET ADDRESS	110 SE 6TH ST., 28TH FLOOR	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	3.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERWENS, JOE	4.2 NAME	
STREET ADDRESS	2601 WEST BROWARD BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COONEY, STEVE	5.2 NAME	TD
STREET ADDRESS	501 E. LAS OLAS BLVD.	5.3 STREET ADDRESS	Walter P. Hampton
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	200 East Las Olas Blvd. Ft. Lauderdale, FL 33301
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COONEY, STEPHEN	6.2 NAME	
STREET ADDRESS	501 EAST LAS OLAS BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	6.4 CITY-ST-ZIP	

14. I 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:

Ann May

4/23/98

(954) 832-9622

CP2E037 (10/97)