


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 06, 2006 8:00 am
Secretary of State

09-06-2006 90041 025 ****61.25

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|---|---|
| DOCUMENT # N01000007229 1. Entity Name CENTRAL FLORIDA YMCA FOUNDATION, INC. |  |
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| Principal Place of Business 433 N MILLS AVE ORLANDO, FL 32803 | Mailing Address 433 N MILLS AVE ORLANDO, FL 32803 |
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DO NOT WRITE IN THIS SPACE



08212006 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number 59-3750283 | Applied For Not Applicable |
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|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent SIKES, RONALD W 111 NORTH ORANGE AVE. #1200 ORLANDO, FL 32801 | DO NOT WRITE IN THIS SPACE |
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| Filing Fee is \$61.25 Due by September 6, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD WARLICK, TOM 316 E. PINE STREET ORLANDO, FL 32801 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P FERBER, JAMES 433 N MILLS AVENUE ORLANDO, FL 32803 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD RUFFIER, DAN 433 N MILLS AVENUE ORLANDO, FL 32803 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD ROPER, BARBARA 453 N MILLS AVENUE ORLANDO, FL 32803 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **8-30-06** **407-896-9220**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #