

**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 # **N07168** (0)  
1. Corporation Name  
**THE MARCO ISLAND Y.M.C.A., INC.**



Principal Place of Business: **101 SANDHILL ST MARCO ISLAND FL 33937**  
Mailing Address: **P.O. BOX 2529 MARCO ISLAND FL 33937**

3. Date Incorporated or Qualified: **01/17/1985**  
3a. Date of Last Report: **07/14/1995**  
4. FEI Number: **59-2498619**  
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

2. Principal Place of Business  
21. **101 SANDHILL ST**  
22. **MARCO**  
23. **FL**  
24. **33937**  
25. Country  
2a. Mailing Address  
26. **P.O. Box 2529**  
27. Suite, Apt. #, etc.  
28. **MARCO, FL**  
29. **33969**  
30. Country

9. Name and Address of Current Registered Agent  
**EDWARDS, JIM**  
**101 SANDHILL STREET**  
**MARCO ISLAND FL 33937**

10. Name and Address of New Registered Agent  
81. Name: **LUCINDA K. LOVE**  
82. Street Address (P.O. Box Number is Not Applicable): **101 SANDHILL ST**  
83. City: **MARCO, FL**  
84. Zip Code: **33937**

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: *Lucinda K. Love* DATE: **1/23/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WAGOR, TOM	
STREET ADDRESS	610 KENDALL DR	
CITY-ST-ZIP	MARCO ISLAND FL 33937	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MULHERE, BOB	
STREET ADDRESS	1946 SHEFFIELD AVE	
CITY-ST-ZIP	MARCO ISLAND FL 33937	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HUGHES, MIKE	
STREET ADDRESS	1500 JAMACIA CT	
CITY-ST-ZIP	MARCO ISLAND FL 33937	
TITLE	ASD	<input checked="" type="checkbox"/> DELETE
NAME	EDWARDS, JIM	
STREET ADDRESS	961 SUNDROP CT	
CITY-ST-ZIP	MARCO ISLAND FL 33937	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bob Mulhere	
1.3 STREET ADDRESS	1946 SHEFFIELD AVE.	
1.4 CITY-ST-ZIP	MARCO, FL 33937	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Bob Starich	
2.3 STREET ADDRESS	870 S. Collier Blvd	
2.4 CITY-ST-ZIP	MARCO, FL 33937	
3.1 TITLE	ASD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LUCINDA K. LOVE	
3.3 STREET ADDRESS	956 CARDINAL ST	
3.4 CITY-ST-ZIP	NAPLES, FL 33942	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Gerry Knaeverhase	
4.3 STREET ADDRESS	175 Society Ct	
4.4 CITY-ST-ZIP	MARCO, FL 33937	
5.1 TITLE	SO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Mike Hughes	
5.3 STREET ADDRESS	1500 JAMACIA CT	
5.4 CITY-ST-ZIP	MARCO, FL 33937	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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: *Lucinda K. Love* DATE: **1/23/96** DAYTIME PHONE #: **941 394 3144**

CR2E037 (12/95)