FILE NOW: FILING FEE IS $61.25

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Feb 19 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 # **N07168** **(0)**

1. Corporation Name

THE MARCO ISLAND Y.M.C.A., INC.

Principal Place of Business	Mailing Address
101 SANDHILL ST MARCO ISLAND FL 33937	P.O. BOX 2529 MARCO ISLAND FL 34146-2529

3. Date Incorporated or Qualified: 01/17/1985
3a. Date of Last Report: 02/07/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24: 34145
Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29
Country 30

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

9. Name and Address of Current Registered Agent

LOVE, LUCINDA K
101 SANDHILL ST
MARCO FL 33937

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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: Lucinda K. Love Lucinda K. Love 1/7/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☐ Change ☑ Addition
NAME	MULHERE, BOB		1.2 NAME	Bob Stakich	
STREET ADDRESS	1946 SHEFFIELD AVE		1.3 STREET ADDRESS	870 S. Collier Blvd	
CITY-ST-ZIP	MARCO ISLAND FL		1.4 CITY-ST-ZIP	Marco, FL 34145	
TITLE	VD	☑ DELETE	2.1 TITLE	VD	☐ Change ☑ Addition
NAME	STAKICH, BOB		2.2 NAME	George Schroll	
STREET ADDRESS	870 S COLLIER BLVD		2.3 STREET ADDRESS	829 Bluebonnet Ct	
CITY-ST-ZIP	MARCO ISLAND FL		2.4 CITY-ST-ZIP	Marco, FL 34145	
TITLE	ASD	☒ DELETE	3.1 TITLE	~~ASD~~	☐ Change ☑ Addition
NAME	LOVE, LUCINDA K		3.2 NAME	DON CLARK	
STREET ADDRESS	956 CARDINAL ST		3.3 STREET ADDRESS	1438 Delbrook Way	
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP	Marco, FL 34145	
TITLE	TD	☐ DELETE	4.1 TITLE	SD	☐ Change ☑ Addition
NAME	KRAUERHASE, GERRY		4.2 NAME	Sandi Trappasso	
STREET ADDRESS	175 SOCIETY CT		4.3 STREET ADDRESS	190 N. Collier Blvd	
CITY-ST-ZIP	MARCO ISLAND FL		4.4 CITY-ST-ZIP	Marco, FL 34146	
TITLE	SD	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HUGHES, MIKE		5.2 NAME		
STREET ADDRESS	1500 JAMAICA CT		5.3 STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAN FL		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: Donald A. Clark DONALD A. CLARK 1/8/97 941-3943144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0060727