FILE NOW: FILING FEE IS $61.25

FILED
Jan 26 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 # **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 34145 US	P.O. BOX 2529 MARCO ISLAND FL ~~33937~~

3. Date Incorporated or Qualified: 01/17/1985

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 34146 / 30

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 34145

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 _____ DATE
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	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	STAKICH, BOB		1.2 NAME	George Schroll	
STREET ADDRESS	870 S. COLLIER BLVD.		1.3 STREET ADDRESS	829 Bluebonnet Ct.	
CITY-ST-ZIP	MARCO ISLAND FL		1.4 CITY-ST-ZIP	Marco, FL 34145	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	SCHROLL, GEORGE		2.2 NAME	BOB MULHERE	
STREET ADDRESS	829 BLUEBONNET COURT		2.3 STREET ADDRESS	1946 SHEFFIELD DR.	
CITY-ST-ZIP	MARCO ISLAND FL		2.4 CITY-ST-ZIP	MARCO, FL 34145	
TITLE	M	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CLARK, DON		3.2 NAME		
STREET ADDRESS	1438 DELBROOK WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KRAUERHASE, GERRY		4.2 NAME		
STREET ADDRESS	175 SOCIETY CT		4.3 STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND FL		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE	SD	☒ Change ☐ Addition
NAME	TRAPPASSO, SANDI		5.2 NAME	Phil Penzo	4/1/26
STREET ADDRESS	190 N. COLLIER BLVD.		5.3 STREET ADDRESS	359 Rookery Ct.	
CITY-ST-ZIP	MARCO ISLAND FL		5.4 CITY-ST-ZIP	Marco, FL 34145	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	000002412880	
STREET ADDRESS			6.3 STREET ADDRESS	-01/27/98--01033--008	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***61.25	

CR2E037 (10/97)

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 _____ 1-8-97 (941) 394-3144

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City & State 23	City & State 28
Zip 24 / Country 25	Zip 29: 34146 / Country 30

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STREET ADDRESS			6.3 STREET ADDRESS	***61.25	
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