# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 11, 2005 8:00 am**
**Secretary of State**
04-11-2005 90150 032 ****61.25

DOCUMENT # N07168

1. Entity Name
THE MARCO ISLAND Y.M.C.A., INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 101 SANDHILL ST<br>MARCO ISLAND, FL 34145 US | P.O. BOX 2529<br>MARCO ISLAND, FL 34146 |

01052005 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 59-2498619 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| LOVE, LUCINDA K<br>101 SANDHILL ST<br>MARCO, FL 33937 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>CURRAN, JAMES<br>590 CLUB MAREO CT #201<br>MARCO ISLAND, FL 34145 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | M<br>LOVE, CINDY<br>47 TAHITI RD.<br>MARCO ISLAND, FL 34145 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>KRAUERHASE, GERRY<br>1106 DORCHESTER CT<br>NAPLES, FL 34104 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>Melvin Ollmen<br>P.O. Box 2056<br>Marco Island, FL 34146 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>STAKICH, BOB<br>1001 BARFIELD DR<br>MARCO ISLAND, FL 34145 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Secretary<br>Ashley Lupo<br>478 Echo Circle<br>Marco Island, FL 34145 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>WETJEN, ALAN<br>1690 RAINBOW COURT<br>MARCO ISLAND, FL 34145 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>Alan Wetjen<br>5729 Lago Villaggio Way<br>Naples, FL 34104 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | President Elect<br>Paula Robinson<br>P.O. Box 976<br>Marco Island, FL 34146 | ☐ Change ☒ Addition |

12. 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 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:** Cindy Love CEO 4/8/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #