FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 FEB -8 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07785 (1)

1. Corporation Name

~~CAMERON K. REED FOUNDATION, INC.~~
South County Family YMCA Foundation, Inc.

Principal Place of Business	Mailing Address
% JUDI VOIGT 701 CENTER RD VENICE FL 34292-3808	% JUDI VOIGT 701 CENTER RD VENICE FL 34292-3808

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/22/1985
3a. Date of Last Report: 02/10/1994
4. FEI Number: 59-0475190 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ 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 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

VOIGT, JUDITH
701 CENTER RD
VENICE FL 34293

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 607.0502 and 607.1508, 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 607.0505, 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	CD	1.1 TITLE	CD	☒ Change ☐ Addition
NAME	FARLEY, DAVID P.	1.2 NAME	Jack Norman	
STREET ADDRESS	265 NOKOMIS AVE. S.	1.3 STREET ADDRESS	540 The Rialto	
CITY-ST-ZIP	VENICE FL 34285	1.4 CITY-ST-ZIP	Venice, FL 34285	
TITLE	SD	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	LEVERING, ANTHONY H.	2.2 NAME	Patricia Buster	
STREET ADDRESS	501 LYONS BAY DRIVE	2.3 STREET ADDRESS	333 The Esplanade, Apt. 209	
CITY-ST-ZIP	NOKOMIS FL 34275	2.4 CITY-ST-ZIP	Venice, FL 34285	
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	TOUNDAS, MARY G.	3.2 NAME		
STREET ADDRESS	1340 E. VENICE AVE.	3.3 STREET ADDRESS	600001403316	
CITY-ST-ZIP	VENICE FL 34292	3.4 CITY-ST-ZIP	-02/10/95--01061--018	
TITLE	D	4.1 TITLE	*****70.00	☐ Change ☐ Addition
NAME	TRACY, DENNIS J.	4.2 NAME		
STREET ADDRESS	444 GOLDEN BEACH BLVD.	4.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL 34285	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	EHRHART, DALE K.	5.2 NAME		
STREET ADDRESS	101 VENICE AVENUE W.	5.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL 34285	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	BRITTON, RONALD L	6.2 NAME	Kelley Corbridge	
STREET ADDRESS	215 E. PALMETTO RD.	6.3 STREET ADDRESS	P.O. Drawer 1847 (N/A)	
CITY-ST-ZIP	NOKOMIS FL 34275	6.4 CITY-ST-ZIP	Venice, FL 34284	C/A

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)(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: [signature] MARY G. TOUNDAS, TREASURER 1/20/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

813-485-9000
Daytime Phone #

0004416