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 # N07785 (1)

1. Corporation Name

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

3. Date Incorporated or Qualified: 02/22/1985

3a. Date of Last Report: 02/08/1995

2. Principal Place of Business
21 Sharon Pesut
22 Suite, Apt. #, etc. 701 Center Road
23 City & State: Venice, FL
24 Zip: 34292
25 Country: Sarasota

2a. Mailing Address
26 Sharon Pesut
27 Suite, Apt. #, etc. 701 Center Road
28 City & State: Venice, FL
29 Zip: 34292
30 Country: Sarasota

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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: Sharon Pesut
82 Street Address (P.O. Box Number is Not Acceptable): 701 Center Road
83
84 City: Venice **FL** 85 Zip Code: 34292

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: Sharon a Pesut Executive Director 4-17-96
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	CD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	NORMAN, JACK		1.2 NAME		
STREET ADDRESS	540 THE RIALTO		1.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL 34285		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BUSTER, PATRICIA		2.2 NAME		
STREET ADDRESS	333 THE ESPLANADE APT. 209		2.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL 34285		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TOUNDAS, MARY G.		3.2 NAME		
STREET ADDRESS	1340 E. VENICE AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL 34292		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ 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	☐ DELETE	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	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CORBRIDGE, KELLEY		6.2 NAME		
STREET ADDRESS	P.O. DRAWER 1847		6.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL 34284		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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: Sharon a Pesut 4-17-96 (941) 493-6130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #