SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 JUL 31 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N20979** **(3)**

1. Corporation Name

THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER ST. PETERSBURG, FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O JOHN C. CANNON 116 5TH ST. SOUTH ST. PETERSBURG FL 33701-2010	C/O JOHN C. CANNON 116 5TH ST. SOUTH ST. PETERSBURG FL 33701-2010

3. Date Incorporated or Qualified: 06/04/1987
3a. Date of Last Report: 04/06/1994
4. FEI Number: 59-0624468 ☐ 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 ☑ **FILING FEE IS $61.25**
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 / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CANNON, JOHN C. 116 FIFTH AVENUE SOUTH ST. PETERSBURG FL 33701	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 _____ 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	DVC	11 TITLE		☐ Change ☐ Addition
NAME	BRETT, DAVID A.	12 NAME		
STREET ADDRESS	135 25TH AVE.,NE	13 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	14 CITY-ST-ZIP		
TITLE	DP	21 TITLE	DC	XX Change ☐ Addition
NAME	WELLS, PETER	22 NAME		
STREET ADDRESS	1311 MONTICELLO N.	23 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33707	24 CITY-ST-ZIP		
TITLE	DT	31 TITLE		☐ Change ☐ Addition
NAME	PICKERING, ALAN	32 NAME		
STREET ADDRESS	620 GRAN KAMEN WAY	33 STREET ADDRESS		
CITY-ST-ZIP	APOLLO BCH., FL 33572	34 CITY-ST-ZIP		
TITLE	DS	41 TITLE		☐ Change ☐ Addition
NAME	OESCHER, JANE	42 NAME		
STREET ADDRESS	7037 SUNSET DR. S. #306	43 STREET ADDRESS		
CITY-ST-ZIP	S. PASADENA FL 33707	44 CITY-ST-ZIP		
TITLE	DP	51 TITLE		☐ Change ☐ Addition
NAME	CANNON, JOHN C.	52 NAME		
STREET ADDRESS	1381 48TH AVE NE	53 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	54 CITY-ST-ZIP		
TITLE		61 TITLE	DVC	☐ Change XX Addition
NAME		62 NAME	Critchfield, Mary C.	
STREET ADDRESS		63 STREET ADDRESS	198 13th Street E	
CITY-ST-ZIP		64 CITY-ST-ZIP	Tierra Verde, FL 33715	

CR2E037 (3/95)

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: John C. Cannon John C. Cannon, President 7/25/95 (813)895-9622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0013383