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 # N20979 (3)

1. Corporation Name

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

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: 07/31/1995

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

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

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

9. Name and Address of Current Registered Agent

CANNON, JOHN C.
116 FIFTH AVENUE SOUTH
ST. PETERSBURG FL 33701

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 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	☒ DELETE	11 TITLE	DC	☐ Change ☒ Addition
NAME	~~BRETT, DAVID A.~~		12 NAME	WILLIAM MCQUEEN	
STREET ADDRESS	135 25TH AVE.,NE		13 STREET ADDRESS	121 BAY POINT DR NE	
CITY-ST-ZIP	ST. PETERSBURG FL		14 CITY-ST-ZIP	ST PETERSBURG FL 33704	
TITLE	DC	☒ DELETE	21 TITLE	DVC	☐ Change ☒ Addition
NAME	~~WELLS, PETER~~		22 NAME	BARBARA KNOWLES	
STREET ADDRESS	~~1311 MONTICELLO~~ N.		23 STREET ADDRESS	918 MYAKKA CT NE	
CITY-ST-ZIP	ST. PETERSBURG FL		24 CITY-ST-ZIP	ST PETERSBURG FL 33702	
TITLE	DT	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	DVC	☒ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	~~CRITCHFIELD, MARY C~~		62 NAME		
STREET ADDRESS	198 13TH STREET E		63 STREET ADDRESS		
CITY-ST-ZIP	TIERRA VERDE FL		64 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: John Cannon President/CEO 5/16/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #