

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 # **N23117** (7)

1. Corporation Name
HIGHLANDS COUNTY FAMILY Y.M.C.A., INC.



Principal Place of Business: **275 POMEGRANATE SEBRING FL 33870 US**
Mailing Address: **P.O. BOX 1952 SEBRING FL 33871-1952**

3. Date Incorporated or Qualified: **10/22/1987**
3a. Date of Last Report: **02/14/1995**

| | | | | | | |
|----|--------------------------------|----|---------------------|----|--|--|
| 21 | 2. Principal Place of Business | 2a | Mailing Address | 4. | FEI Number | Applied For |
| | Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 59-2859656 | Not Applicable |
| 22 | City & State | 27 | City & State | 5. | Certificate of Status Desired | \$8.75 Additional Fee Required |
| | City & State | | City & State | | <input type="checkbox"/> | |
| 23 | Zip | 28 | Zip | 6. | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| | Country | | Country | | <input type="checkbox"/> | |
| 24 | Country | 29 | Country | 8. | This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Country | | Country | | <input type="checkbox"/> | |

| | | | | |
|--|--|--|--|----------|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | | |
| MCCOLLUM, JAMES F. 129 SOUTH COMMERCE AVENUE SEBRING FL 33870 | | 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------|---|--|
| TITLE | TD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SHOOP, JOHN C | 1.2 NAME | |
| STREET ADDRESS | 1901 LAKEVIEW DR. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | SEBRING FL | 1.4 CITY-ST-ZIP | |
| TITLE | PD | 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BIRGE, MARY | 2.2 NAME | JEFF MEHLIN |
| STREET ADDRESS | 1 CR 621 EAST | 2.3 STREET ADDRESS | 98 N. FOREST AVE |
| CITY-ST-ZIP | LAKE PLACID FL | 2.4 CITY-ST-ZIP | AVON PARK, FL 33825 |
| TITLE | SD | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BENNETT, STEVE | 3.2 NAME | |
| STREET ADDRESS | 111 LAKE FRONT NW | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE PLACID FL | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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, changed, or on an attachment with an address.

SIGNATURE: John C. Shoop Date: 1/26/96 Daytime Phone #: 382-9622

CR2E037 (12/95)