

FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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: 02/01/1996

2. Principal Place of Business 21 100 YMCA Lane 22 Suite, Apt. #, etc. 23 Sebring, FL 24 Zip 33872 25 Country USA	2a. Mailing Address 26 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country	4. FEI Number: 59-2859656 Applied For: Not Applicable	5. Certificate of Status Desired: <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent  
MCCOLLUM, JAMES F.  
129 SOUTH COMMERCE AVENUE  
SEBRING FL 33870

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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		
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SHOOP, JOHN C	
STREET ADDRESS	1901 LAKEVIEW DR.	
CITY-ST-ZIP	SEBRING FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MECHLIN, JEFF	
STREET ADDRESS	98 NORTH FOREST AVENUE	
CITY-ST-ZIP	AVON PARK FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BENNETT, STEVE	
STREET ADDRESS	111 LAKE FRONT NW	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ROBIN L. GOSE	
2.3 STREET ADDRESS	669 S. COMMERCE AVE	
2.4 CITY-ST-ZIP	SEBRING FL 33870	
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ALAN HOLMES	
3.3 STREET ADDRESS	228 S. COMMERCE AVE	
3.4 CITY-ST-ZIP	SEBRING FL 33870	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing 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.

CR2E037 (9/96)