FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #
1. Corporation Name N93000005140 (9)

TALLAHASSEE YOUNG MEN'S CHRISTIAN ASSOCIATION, I

NC.										
Principal Place of Business		Mailing Address						H COMPLETED OF A BOOM PARKE BONIO WATER	NOTE NOTE NOTE IN THE	LOLE RIVIL DON 1001
2001 APALACHEE PARKWAY TALLAHASSEE FL 32301		2001 APALACHEE PARKWAY TALLAHASSEE FL 32301								
								3. Date Incorporated or Qualified 11/16/1993	3a. Date of Las 02/23/	
<u> </u>	ace of Business	├ ──	Mailing Address					4. FEI Number		Applied For
21	tr.	26	1					59-0909247		Not Applicable
Suite, Apt.:	#, BtC.	27	Suite, Apt. #, etc.					5. Certificate of Status Desired	7	5 Additional
City & State			City & State					E Floring Opensing Figure		Required
23			B				1	Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees
Zip	Country		Zip	Cour	ntry			8. This corporation has liability for in		
24	25	29		30			- 1		Yes 🖳 No	. 100.002,
	9. Name and Address of Curren	t Regist	ered Agent					10. Name and Address of New Re	gistered Agent	
					81	Name	Mor	ncy Dell Lawhorn		
FRANCI	S, WILLIAM W			ŀ	B2	Street A		(P.O. Box Number is Not Acceptable	`	
2001 APALACHEE PARKWAY							Ol Apalachee Parkway			
TALLAHASSEE FL 32301				Ī	83					
					84	City	Tal	— 6000017∋ 11ahaş93411/96010	32- =0 0185 2	32301
11. Pursuant t	o the provisions of Sections 617.0502 ed agent, or both, in the State of Floric ch, and accept the obligations of, Secti	and 617	.1508, Florida Stalute	s, the abov	L /e-n	amed co	rporation	on submits this statement for the purp	ose of changing its	registered office
or register	ed agent, or both, in the State of Florid	ia. Such	change was authorize	d by the c	onpo	oration's t	board o	of directors. I hereby accept the appoin	ntment as registere	d agent. I am
	Name Well	011017.0 سمع س	awkor	⋰						
SIGNATURE _	Signature, typed or prints a name of registered agent	and tite (a)	100	L: Registered	Ageni	t signature re	saured wh	nen reinstating)	DATE	
12.	OFFICERS AND			13.	·		•	ADDITIONS/CHANGES TO OFFICE		ORS IN 12
TITLE	D		DELETE	1.1 7(7	LE	1	С		Change	Addition
NAME	MOOR, WILLIAM L			1.2 NA	ME		_	ad Cole	_	
STREET ADDRESS	P O BOX 900			1.3 ST	REET	ADDRESS	201	l S. Monroe St.		
CITY-ST-ZIP	TALLAHASSEE FL			1.4 CIT	Y - S	r-zie		llahassee, FL 32301		
TITLE	D		DELETE	2 1 TH			VC		Change	Addition
NAME	DOZIER, LAURIE I			2.2 NA	ME	ŀ		rie Dozier, III	AA	
STREET ADDRESS	1958B COMMONWEALTH L	ANE		2351	REET	ADDRESS		13 Mahan Dr., #C		
CHTY-ST-ZIP	TALLAHASSEE FL			2.4 CI		F		llahassee, FL 32308		
TITLE	D		XX DELETE	3.1 T(T			VC		Change	Addition
NAME	EDWARDS, C. WAYNE			3 2 NAI	ME			ry Madigan		
STREET ADDRESS	1682-B METROPOLITAN CIR			33516	REET	ADDRESS		W. College Ave, 3r	d Floor	i
CITY - ST - ZIP	TALLAHASSEE FL			3.4 CI	TY-S	T-21P		lahassee, FL 32301		
TOTLE	S/P	·	DELETE	4.1 TiT	LE		S	32301	☐ Change	Addition
NAME	WILLIAM W. FRANCIS			4. 2 NA	ME		_	ry Lewis		AA
STREET ADDRESS	2001 APALACHEE PARKWAY	,		4.3 STF	REET.	ADDRESS		on Co. Courthouse, R	m 265-G	
CITY-ST-ZIP	TALLAHASSEE FL			4.4 CIT				llahassee, FL 32301	20J-G	
TIFLE	T		DELETE	5 1 TIT			T		☐ Change	Addition
NAME	THOMAS, JOHN PERRY		41	5 2 NAI			-	1 Ferguson	_ •	_
STREET ADDRESS	3520 THOMASVILLE RD					ADDRESS	ř.	ll Ferguson O. Box 14569		
CITY-ST-ZIP	TALLAHASSEE FL			5 4 CIT				lahassee, FL 32317		
TITLE	D		DELETE	6 1 TIT			PC		Change	Addition.
NAME	HEADLEY, CHRIS			6 2 NAI			_	liam I Maam I	-7K	_ ~X)
STREET ADDRESS	3353 LAKE SHORE DR					ADDRESS		liam L. Moor, Jr.		<i>\XX</i> \X\

P. O. Box 900 Tallahassee, FL 64 CITY-ST-ZIP 14. Ido 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), Fiorida 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.

63 STREET ADDRESS

TALLAHASSEE FL

CITY - ST - ZIP

119/06 Dete 904/877-7850