2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005140

Apr 29, 2008 Secretary of State

Entity Name: CAPITAL REGION YOUNG MEN'S CHRISTIAN ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2001 APALACHEE PARKWAY TALLAHASSEE, FL 32301 **Current Mailing Address: New Mailing Address:** 2001 APALACHEE PARKWAY TALLAHASSEE, FL 32301 FEI Number: 59-0808247 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CONKLIN, PEGGY S 2001 APALACHEE PKWY TALLAHASSEE, FL 32301 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: CVO () Delete (X) Change () Addition MAY, DON MAY, DON Name: Name: 3220 THOMASVILLE ROAD Address: 3220 THOMASVILLE ROAD Address: City-St-Zip: TALLAHASSEE, FL 32309 City-St-Zip: TALLAHASSEE, FL 32309 Title: Title: (X) Change () Addition () Delete Name: CURETON, BRYAN Name: CURETON, BRYAN Address: 217 JOHN KNOX ROAD Address: 217 JOHN KNOX ROAD City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: TALLAHASSEE, FL 32303 Title: () Delete Title: () Change () Addition FONTENOT, ROMAN Name: Name: 1989 COMMONWEALTH LANE Address: Address: City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: Title: () Delete Title: () Change () Addition COLLETTE, CHIP Name: Name: 108 WINN CAY DRIVE Address: Address: City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRYAN CURETON CVO 04/29/2008