

FILE NOW: FILING FEE IS \$61.25

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Mar 25 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N96000004368 (4)**

1. Corporation Name

YMCA CHILDREN, YOUTH AND FAMILY SERVICES, INC.



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| Principal Place of Business 1084 SOUTH BRIGGS AVENUE SARASOTA FL 34237 | Mailing Address 1084 SOUTH BRIGGS AVENUE SARASOTA FL 34237-8133 |
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| | |
|--|-------------------------|
| 3. Date Incorporated or Qualified 08/21/1996 | 3a. Date of Last Report |
|--|-------------------------|

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|---|--|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | 4. FEI Number 65-0691160 Applied For Not Applicable | 5. Certificate of Status Desired <input checked="" 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 |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TURNER, JAMES L
200 SOUTH ORANGE AVENUE
SARASOTA FL 34236**

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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 | <input type="checkbox"/> DELETE | 1.1 TITLE | President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 1.2 NAME | Christopher Card |
| STREET ADDRESS | | 1.3 STREET ADDRESS | 25 N. School Avenue |
| CITY - ST - ZIP | | 1.4 CITY - ST - ZIP | Sarasota, FL 34237 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | CD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 2.2 NAME | Terence E. McGannon |
| STREET ADDRESS | | 2.3 STREET ADDRESS | 1515 Ringling Blvd. |
| CITY - ST - ZIP | | 2.4 CITY - ST - ZIP | Sarasota, FL 34236 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 3.2 NAME | Caryn Driscoll |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 4620 17th Street |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | Sarasota, FL 34235 |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 4.2 NAME | Kelly Pepe |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 611 Oak River Court |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | Osprey, FL 34229 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 5.2 NAME | Anthony Abate |
| STREET ADDRESS | | 5.3 STREET ADDRESS | 240 S. Pineapple Avenue |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | Sarasota, FL 34236 |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 6.2 NAME | P.J. Brooks |
| STREET ADDRESS | | 6.3 STREET ADDRESS | 2400 Colson Avenue |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | Sarasota, FL 34234 |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(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.

SIGNATURE:  **Christopher Card 3/17, 1997 (941) 366-3881**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0063354**

CR2E037 (9/96)

D Carol Eliason
601 Shreve Street
Apt. 65A
Punta Gorda, FL 33950-3348

D Betty Gissendanner-Doster
Debbie Lee Children's Services, Inc.
14399 Daddock Avenue
Port Charlotte, FL 33953

D Judy Gould
Department of Juvenile Justice
Suite 103A
1864 17th Street
Sarasota, FL 34234

D Miriam Greenberg
988 Boulevard of the Arts
Unit 1011
Sarasota, FL 34236

D Scott Karp
Barnett Bank
4703 Country Manor Drive
Sarasota, FL 34233

D Basha Kurtzman
925 Blue Heron Overlook
Osprey, FL 34229

D Cheryl Leonard-Perkins
Florida Southern College
117 Patten Heights Street
Lakeland, FL 33803

D Helen Lingle
NCAYAR, Inc.
5250 17th Street, Suite 107
Sarasota, FL 34235

D Faye Nock
3427 Beekman Place Road
Sarasota, FL 34235

D Michael O'Malley
625 Avenida De Mayo
Sarasota, FL 34242

D Freda Pflaum
4919 Primrose Path
Sarasota, FL 34242

D Nadereh Salim
Department of Health &
Rehabilitative Services
805 North Mills Ave.
Arcadia, FL 34266

D Tom Watson
114 Edmondson Road
Sarasota, FL 34242

D Caroline Zucker
5037 Willow Leaf Way
Sarasota, FL 34241