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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000004368

1. Corporation Name

YMCA CHILDREN, YOUTH AND FAMILY SERVICES, INC.

Principal Place of Business
**1084 SOUTH BRIGGS AVENUE
SARASOTA FL 34237**

Mailing Address
**1084 SOUTH BRIGGS AVENUE
SARASOTA FL 34237**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/21/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0691160	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution	
24		25		29	
25		29		30	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	1515 Ringling Blvd.
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		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE									
12. OFFICERS AND DIRECTORS								13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	P	<input type="checkbox"/> DELETE						1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME	CARD, CHRISTOPHER							1.2 NAME							
STREET ADDRESS	25 N. SCHOOL AVE.							1.3 STREET ADDRESS							
CITY-ST-ZIP	SARASOTA FL 34237							1.4 CITY-ST-ZIP							
TITLE	CD	<input type="checkbox"/> DELETE						2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME	MCGANNON, TERENCE E.							2.2 NAME							
STREET ADDRESS	1515 RINGLING BLVD.							2.3 STREET ADDRESS							
CITY-ST-ZIP	SARASOTA FL 34236							2.4 CITY-ST-ZIP							
TITLE	VD	<input checked="" type="checkbox"/> DELETE						3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME	DRISCOLL, CARYN							3.2 NAME							
STREET ADDRESS	4620 17TH ST.							3.3 STREET ADDRESS							
CITY-ST-ZIP	SARASOTA FL 34235							3.4 CITY-ST-ZIP							
TITLE	TD	<input checked="" type="checkbox"/> DELETE						4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition						
NAME	PEPE, KELLY							4.2 NAME	Stephen R. Johnson						
STREET ADDRESS	611 OAK RIVER COURT							4.3 STREET ADDRESS	1400 State Street						
CITY-ST-ZIP	OSPREY FL 34229							4.4 CITY-ST-ZIP	Sarasota, FL 34236						
TITLE		<input type="checkbox"/> DELETE						5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition						
NAME								5.2 NAME	Mary Watts						
STREET ADDRESS								5.3 STREET ADDRESS	2320 N. Euclid Avenue						
CITY-ST-ZIP								5.4 CITY-ST-ZIP	Sarasota, FL 34234						
TITLE		<input type="checkbox"/> DELETE						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 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99 (941) 366-3881
Date Daytime Phone #

CR2E037 (11/98)

N96000004368
444736-90127-49

D

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D

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Private Attorney
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Sarasota, FL 34242

D

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President/CEO
Sarasota Family YMCA
1084 South Briggs Avenue
Sarasota, FL 34237

D

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Member Sarasota County School Board
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