



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90036 008 ****61.25

DOCUMENT # N99000000592 1. Entity Name YOUNG MEN'S CHRISTIAN ASSOCIATION OF KEY WEST, INC.(YMCA OF KEY WEST)					
Principal Place of Business 3145 FLAGLER AVE KEY WEST, FL 33040			Mailing Address 3145 FLAGLER AVE KEY WEST, FL 33040		
2. Principal Place of Business 1011 Virginia St. Suite, Apt. #, etc. Key West, FL City & State		3. Mailing Address 1011 Virginia St. Suite, Apt. #, etc. Key West, FL City & State			
Zip 33040		Country USA		4. FEI Number 65-0885380	
Zip 33040		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RYSMAN, PETER 3145 FLAGLER AVE KEY WEST, FL 33040				7. Name and Address of New Registered Agent Name Rysman, Peter Street Address (P.O. Box Number is Not Acceptable) 1011 Virginia St. City Key West FL Zip Code 33040	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WILSON, MELANIE 2907 STAPLES AVE KEY WEST, FL 33040	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BEHMKE, MEGAN 920 JOHNSON STREET KEY WEST, FL 33040	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SHIELD, LINDA 39 EVERGREEN CIRCLE KEY WEST, FL 33040	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEWELL, GERRI 1502 SOUTH STREET KEY WEST, FL 33040	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEROUCHE, MICHAEL 14 SPOON BILL WAY KEY WEST, FL 33040	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RYSMAN, PETER 3145 FLAGLER AVE KEY WEST, FL 33040	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DeRoche, Michael	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Rysman, Peter 1011 Virginia Street Key West, FL 33040	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 2-18-05 Daytime Phone # 305-296-5999			