

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2006 8:00 am
Secretary of State

08-16-2006 90001 029 ****61.25

DOCUMENT # N99000000592

1. Entity Name
**YOUNG MEN'S CHRISTIAN ASSOCIATION OF KEY
WEST, INC.(YMCA OF KEY WEST)**



Principal Place of Business
**1011 VIRGINIA ST.
KEY WEST, FL 33040**

Mailing Address
**1011 VIRGINIA ST.
KEY WEST, FL 33040**

40101672



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08082006 Chg-NP CR2E037 (4/06)

City & State

City & State

4. FEI Number
65-0885380

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RYSMAN, PETER
1011 VIRGINIA ST.
KEY WEST, FL 33040**

Name **Melanie Wilson**
Street Address (P.O. Box Number is Not Acceptable)
2907 Staples Ave
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

Melanie B. Wilson

8-8-06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 **DVP** ☐ Delete
NAME **WILSON, MELANIE**
STREET ADDRESS **2907 STAPLES AVE**
CITY-ST-ZIP **KEY WEST, FL 33040**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DS** ☐ Delete
NAME **BEHMKE, MEGAN**
STREET ADDRESS **920 JOHNSON STREET**
CITY-ST-ZIP **KEY WEST, FL 33040**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **JEWELL, GERRI**
STREET ADDRESS **1502 SOUTH STREET**
CITY-ST-ZIP **KEY WEST, FL 33040**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **DEROCHE, MICHAEL**
STREET ADDRESS **14 SPOON BILL WAY**
CITY-ST-ZIP **KEY WEST, FL 33040**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☒ Delete
NAME **RYSMAN, PETER**
STREET ADDRESS **1011 VIRGINIA ST.**
CITY-ST-ZIP **KEY WEST, FL 33040**

TITLE **Sally Curtis** ☐ Change ☒ Addition
NAME
STREET ADDRESS **401 South St.**
CITY-ST-ZIP **Key West FL 33040**

TITLE **D** ☐ Delete
NAME **Wayne LaRue Smith**
STREET ADDRESS **1413 Grinnell St.**
CITY-ST-ZIP **Key West FL 33040**

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Melanie B. Wilson

8-8-06

205-295-9622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #