....VAL REPURT

FILED Aug 14, 2007 8:00 am Secretary of State

DOCUMENT # N9900000592 1. Entity Name YOUNG MEN'S CHRISTIAN ASSOCIATION OF KEY WEST, INC.(YMCA OF KEY WEST)				A	Secretary of State 08-14-2007 90007 048 ****61.25			
Principal Place of Business 1011 VIRGINIA ST. KEY WEST, FL 33040		Mailing Address 1011 VIRGINIA ST. KEY WEST, FL 33040		40129	05 %			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07162007	Chg-NP	CR2E037 (12/06)		
City & State		City & State		4. FEI Number 65-0885	380	\ 	oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate o	f Status Desired	\$8.75 Add		
	. 6. Name and Address of Current I	Registered Agent		7. Name and A	ddress of New Re	gistered Agent		
WILSON, N 2907 STAF KEY WES		Name Comice Lemieux Street Address (P.O. Box Number is Not Acceptable)						
			City _	~1 ^~	C-You	FL Zip Code	e 327	
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 Sometime, hyped or printed name of registered agent and title # applicable. (NOTE: Registered Agent signature inquired when reinstating) DATE								
	pgristure, typed or printed risme or registered agent is	and the reparable. (NOTE:	Registered Agent signature i	required when reinstating)		DATE	ľ	
Dı	Filing Fee is \$61.25 ue by September 14, 2007	9. Election Camp Trust Fund Co	eaign Financing	\$5.00 May Be	I	ake check payable to da Department of Si		
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2. 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:

SIGNAND OFFICER OR DESCRIPTION OFFICER OR DESCRIPTION

7.13.0

295-962