


ANNUAL REPORT

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

08-14-2007 90007 048 ****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		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0885380	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILSON, MELANIE 2907 STAPLES AVE KEY WEST, FL 33040			7. Name and Address of New Registered Agent Name <u>Jamie Lemieux</u> Street Address (P.O. Box Number is Not Acceptable) <u>19611 Tequesta St.</u> City <u>Sugarloaf Key</u> FL Zip Code <u>33042</u>		
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 <u>[Signature]</u> DATE <u>7-13-07</u> <small>(NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by September 14, 2007		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	<u>DVP DP</u> WILSON, MELANIE 2907 STAPLES AVE KEY WEST, FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Crispin, Marianella</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1318 William St. Key West, FL 33040		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DS</u> BEHME, MEGAN 920 JOHNSON STREET KEY WEST, FL 33040 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> Nesbitt, Arianna 1100 Stanton St. Key West, FL 33040 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> DEROCHE, MICHAEL 14 SPOON BILL WAY KEY WEST, FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> Shield, Linda 34 Evergreen Key West, FL 33040 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> LEWIS, SALLY 401 SOUTH ST KEY WEST, FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> LA RUE SMITH, WAYNE 1413 GRINNELL ST KEY WEST, FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> Clarica, Munny 515 Whitehead St. Key West, FL 33040 <input type="checkbox"/> Delete <u>Addition</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>[Signature]</u>		DATE: <u>7-13-07</u>		Daytime Phone #: <u>295-9622</u>	