

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732749

Entity Name: YOUNG MEN'S CHRISTIAN ASSOCIATION OF WEST CENTRAL FLORIDA, INC.**FILED**
Jan 10, 2025
Secretary of State
8184181985CC**Current Principal Place of Business:**3620 CLEVELAND HGHTS BLVD
LAKELAND, FL 33803-4963**Current Mailing Address:**3620 CLEVELAND HGHTS BLVD
LAKELAND, FL 33803-4963**FEI Number: 59-1158144****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**DYAL, NATALIE
3620 CLEVELAND HEIGHTS BLVD
LAKELAND, FL 33803 US*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.***SIGNATURE: NATALIE DYAL****01/10/2025**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name DORMAN, BILL
Address 3620 CLEVELAND HEIGHTS BLVD
City-State-Zip: LAKELAND FL 33803

Title DIRECTOR
Name GREEN, MATT
Address 3620 CLEVELAND HGHTS BLVD
City-State-Zip: LAKELAND FL 33803-4963

Title CHAIRMAN
Name THOMPSON, ELAINE
Address 3620 CLEVELAND HGHTS BLVD
City-State-Zip: LAKELAND FL 33803-4963

Title DIRECTOR
Name LEFRANCOIS, BEN
Address 3620 CLEVELAND HGHTS BLVD
City-State-Zip: LAKELAND FL 33803-4963

Title DIRECTOR
Name HOOKS, HAMILTON
Address 3620 CLEVELAND HGHTS BLVD
City-State-Zip: LAKELAND FL 33803-4963

Title DIRECTOR
Name MILLER, J.J.
Address 3620 CLEVELAND HGHTS BLVD
City-State-Zip: LAKELAND FL 33803-4963

Title DIRECTOR
Name OSLER KILPATRICK, TIFFANY
Address 3620 CLEVELAND HGHTS BLVD
City-State-Zip: LAKELAND FL 33803-4963

Title TREASURER
Name TOADVINE, NICK
Address 3620 CLEVELAND HGHTS BLVD
City-State-Zip: LAKELAND FL 33803-4963

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NATALIE DYAL**CEO****01/10/2025**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DECKER, AMY
Address 3620 CLEVELAND HEIGHTS BLVD
City-State-Zip: LAKELAND FL 33803-4963

Title DIRECTOR
Name CAIN, MATT
Address 3620 CLEVELAND HGHTS BLVD
City-State-Zip: LAKELAND FL 33803-4963

Title SECRETARY
Name NUTTALL, ALICE
Address 3620 CLEVELAND HGHTS BLVD
City-State-Zip: LAKELAND FL 33803-4963

Title DIRECTOR
Name LENDERMAN, JEFF
Address 3620 CLEVELAND HGHTS BLVD
City-State-Zip: LAKELAND FL 33803-4963

Title DIRECTOR
Name FRANKLIN, AIMEE
Address 3620 CLEVELAND HGHTS BLVD
City-State-Zip: LAKELAND FL 33803-4963

Title DIRECTOR
Name MCNAUGHTON, JOE
Address 3620 CLEVELAND HGHTS BLVD
City-State-Zip: LAKELAND FL 33803-4963

Title DIRECTOR
Name MCGEE, MIKE
Address 3620 CLEVELAND HEIGHTS BLVD
City-State-Zip: LAKELAND FL 33803-4963

Title DIRECTOR
Name KOHL, DIONNE
Address 3620 CLEVELAND HGHTS BLVD
City-State-Zip: LAKELAND FL 33803-4963

Title DIRECTOR
Name LEPERE, TERRI
Address 3620 CLEVELAND HGHTS BLVD
City-State-Zip: LAKELAND FL 33803-4963

Title DIRECTOR
Name SNUGGS, WEYMON
Address 3620 CLEVELAND HGHTS BLVD
City-State-Zip: LAKELAND FL 33803-4963

Title VC
Name MAXEY, RICK
Address 3620 CLEVELAND HGHTS BLVD
City-State-Zip: LAKELAND FL 33803-4963

Title CEO
Name DYAL, NATALIE
Address 3620 CLEVELAND HGHTS BLVD
City-State-Zip: LAKELAND FL 33803-4963