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: MICHAEL BATIATO

CHIEF EXECUTIVE OFFICER

2661 LAKEVIEW DRIVE

City-State-Zip: SEBRING FL 33870

02/12/2024

Electronic Signature of Signing Officer/Director Detail

445 SOUTH CO SEBRING, FL 3	MMERCE AVENUE 3870 US				
The above named	entity submits this statement for the purpose of chan	ging its registered office or regis	stered agent, or both, in the State		
SIGNATURE	: ROBERT LIVINGSTON Electronic Signature of Registered Agent				
Title	DIRECTOR	Title	SECRETARY		
Name	BATIATO, MICHAEL	Name	LEIDEL, DAVID		
Address	100 YMCA LANE	Address	145 WEST CENTER AVE		
City-State-Zip:	SEBRING FL 33875	City-State-Zip:	SEBRING FL 33870		

LIVINGSTON, ROBERT E

Title Name

Address

e of Florida.

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23117

Entity Name: HIGHLANDS COUNTY FAMILY Y.M.C.A., INC.

Current Principal Place of Business:

100 YMCA LN SEBRING, FL 33875

Current Mailing Address:

100 YMCA LN SEBRING, FL 33875 US

FEI Number: 59-2859656

Name and Address of Current Registered Agent:

100 YMCA LN

City-State-Zip: SEBRING FL 33875

					, _ 0
	Electronic Signature of Registered Agent				
irec	tor Detail :				
	DIRECTOR	Title	SECRETARY		
	BATIATO, MICHAEL	Name	LEIDEL, DAVID		
	100 YMCA LANE	Address	145 WEST CENTER AVE		
Zip:	SEBRING FL 33875	City-State-Zip:	SEBRING FL 33870		
	PRESIDENT	Title	TREASURER		
	GRIFFIN, MATT	Name	SHOOP, JOHN		

Address

FILED Feb 12, 2024 Secretary of State 6257667596CC

02/12/2024

Certificate of Status Desired: No

Date