

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 720590 (9)

1. Corporation Name

THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF PALM
BEACH COUNTY, FLORIDA

Principal Place of Business

901 S. OLIVE AVENUE
W PALM BEACH FL 33401-3593

Mailing Address

901 S. OLIVE AVENUE
W PALM BEACH FL 33401-3593



3. Date Incorporated or Qualified

03/23/1971

3a. Date of Last Report

03/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-0751935

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOSCO, ANN M.
901 S OLIVE AVE
W. PALM BCH. FL 33401

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

000001823507

83

-05/15/96--01141--004

84 City

***61.25

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
KOSCO, ANN M.
901 S OLIVE AVE
W. PALM BEACH FL

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
000001823510
-05/15/96--01141--005
***8.75

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
PIDEON, FREIDA
8679 PLUTO TERRACE
LAKE PARK FL

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
Secretary/Treasurer
Betsy Koester
215 South Olive Avenue
West Palm Beach, Florida, 33401

"T"

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
CULLIFER, SANDI
CRYSTAL TREE CTR, 1201 US HWY 1, 41
N PALM BEACH FL

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
Vice-President
Susan Queen
7100 Fairway Drive, Suite #30
Palm Beach Gardens, Florida, 33418

"T"

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
MUVDI SELZ, LILIANA
6405 WINDING LAKE DRIVE
JUPITER FL

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
Fund Development Director
Anita Dubnoff
1200 S. Flagler Drive, #1005
West Palm Beach, Florida 33401

"D"

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PED
MCPHEE, MICHELLE "T"
4165 WOODS EDGE CIR., APT. B
PALM BCH GARDENS FL

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
President

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
ROBINSON, CONSTANCE "T"
9056 GREEN MEADOWS WAY
PALM BCH GARDENS FL

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
President-Elect

Change

Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ann M. Kosco

April 23, 1996 407-833-2439

CR2E037 (12/95)