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FILED  
Mar 23 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 720590 (9)

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

Principal Place of Business

Mailing Address

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

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W PALM BEACH FL 33401-3593



3. Date Incorporated or Qualified

03/23/1971

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

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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)

83

84 City

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE S98051901593 Change ☐ Addition  
1.2 NAME -03/24/98--01024--025  
1.3 STREET ADDRESS \*\*\*8.75  
1.4 CITY-ST-ZIP

TITLE TR ☐ DELETE  
NAME KOESTER, BETSY  
STREET ADDRESS 215 S. OLIVE AVE.  
CITY-ST-ZIP WEST PALM BCH. FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ST ☐ DELETE  
NAME MCKINNEY, ALICIA  
STREET ADDRESS 1805 BLUE HERON BLVD., C102  
CITY-ST-ZIP RIVIERA BEACH FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE XX ☐ DELETE  
NAME COUSO, ILEANA  
STREET ADDRESS 1109 OKEECHOBEE RD  
CITY-ST-ZIP WEST PALM BEACH FL

4.1 TITLE P/Elect Change ☒ Addition  
4.2 NAME COUSO, ILEANA  
4.3 STREET ADDRESS 1109 OKEECHOBEE ROAD  
4.4 CITY-ST-ZIP WEST PALM BEACH, FL

TITLE P/TR ☒ DELETE  
NAME MCPHEE, MICHELLE  
STREET ADDRESS 4165 WOODS EDGE CIR., APT. B  
CITY-ST-ZIP PALM BCH GARDENS FL

5.1 TITLE P/TR Change ☒ Addition  
5.2 NAME Moore, Enma  
5.3 STREET ADDRESS 1397 6th Street  
5.4 CITY-ST-ZIP West Palm Beach, FL

TITLE P ☒ DELETE  
NAME ROBINSON, CONSTANCE  
STREET ADDRESS 9056 GREEN MEADOWS WAY  
CITY-ST-ZIP PALM BCH GARDENS FL

6.1 TITLE V Change ☒ Addition  
6.2 NAME Anna Polavkovich  
6.3 STREET ADDRESS Post Office Box 424 (N.A.)  
6.4 CITY-ST-ZIP Palm Beach, FL

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]*

2/1/98 FL-023-2/129

CR2E037 (10/97)