

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 12, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90028 034 \*\*\*\*70.00

**DOCUMENT # 720590**

1. Entity Name

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

Principal Place of Business

Mailing Address

2200 NORTH FL. MANGO ROAD  
 SUITE 102  
 WEST PALM BEACH FL 33409  
 US

2200 NORTH FL. MANGO ROAD  
 SUITE 102  
 WEST PALM BEACH FL 33409  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0751935

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOSCO, ANN M  
 2200 N FLORIDA MANGO RD  
 STE 102  
 WEST PALM BEACH FL 33409

Name Carolyn Williams-Smith  
 Street Address (P.O. Box Number is Not Acceptable) 2200 North Florida Mango Road  
Ste 102  
 City West Palm Beach FL 33409

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.

SIGNATURE

Carolyn Williams-Smith

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

(NOTE: Registered Agent signature required when reinstating)

4/26/02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

\$5.00 May Be  
 Added to Fees

Make Check Payable to  
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Delete  
 NAME KOSCO, ANN M.  
 STREET ADDRESS 2200 N. FL. MANGO ROAD, STE. 102  
 CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE D ☐ Change ☒ Addition  
 NAME SIEMONS, MARIA B  
 STREET ADDRESS 430 WOODSIDE DR.  
 CITY-ST-ZIP WEST PALM BEACH, FL 33415

TITLE SD ☐ Delete  
 NAME MILLER, EDA  
 STREET ADDRESS P.O. BOX 3956  
 CITY-ST-ZIP TEQUESTA FL 33469-0956

TITLE D ☒ Change ☐ Addition  
 NAME MILLER, EDNA  
 STREET ADDRESS P.O. Box 3956  
 CITY-ST-ZIP TEQUESTA, FL 33469

TITLE P ☐ Delete  
 NAME MCKINNEY, ALICIA  
 STREET ADDRESS 779 LILAC DRIVE  
 CITY-ST-ZIP WEST PALM BEACH FL 33411

TITLE P ☐ Change ☐ Addition  
 NAME VALLOZZI, SUSAN  
 STREET ADDRESS 1114 HATTERAS CIRCLE  
 CITY-ST-ZIP WEST PALM BEACH, FL 33413

TITLE TD ☒ Delete  
 NAME WILLIAMS-SMITH, CAROLYN  
 STREET ADDRESS 5725 CORPORATE WAY STE., 206  
 CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE P ☐ Change ☒ Addition  
 NAME VALLOZZI, SUSAN  
 STREET ADDRESS 1114 HATTERAS CIRCLE  
 CITY-ST-ZIP WEST PALM BEACH, FL 33413

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 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

Alicia McKinney  
 President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02

Date

561-640-0058

Daytime Phone #

CR2E037 (9/01)