


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90466 045 ****70.00

| | | | | | |
|---|--|---|--|---|--|
| DOCUMENT # 720590 1. Entity Name THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF PALM BEACH COUNTY, FLORIDA | | | |  | |
| Principal Place of Business 2200 NORTH FL. MANGO ROAD SUITE 102 WEST PALM BEACH, FL 33409 US | | | Mailing Address 2200 NORTH FL. MANGO ROAD SUITE 102 WEST PALM BEACH, FL 33409 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 59-0751935 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent WILLIAMS-SMITH, CAROLYN 2200 N FLORIDA MANGO RD STE 102 WEST PALM BEACH, FL 33409 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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. I am familiar with, and accept the obligations of registered agent. | | | | FL Zip Code | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | | | | DATE | |
| Filing Fee is \$61.25 Due by September 8, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | 10. OFFICERS AND DIRECTORS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
| SD MILLER, EDNA PO BOX 3952 TEQUESTA, FL 334690956 | | SD Chester Sally 143 Blodgett Drive West Palm Beach FL 33405 | | | |
| P ROBERTS, ARNEATHA 2136 CHAGALL CURELA WEST PALM BEACH, FL 33409 | | TO Adams, Idalia 4579 Bangor Avenue West Palm Beach FL 33417 | | | |
| VPD SIEMONS, MARIA B 430 WOODSIDE DR WEST PALM BEACH, FL 33415 | | VP Turnquest Sandra 1429 6th Street West Palm Beach FL 33401 | | | |
| TD VALLOZZI, SUSAN 1114 HATTERAS CIRCLE WEST PALM BEACH, FL 33413 | | TO Adams, Idalia 4579 Bangor Avenue West Palm Beach FL 33417 | | | |
| VP SIEMONS, MARIA B 430 WOODSIDE DR WEST PALM BEACH, FL 33415 | | VP Turnquest Sandra 1429 6th Street West Palm Beach FL 33401 | | | |
| TD VALLOZZI, SUSAN 1114 HATTERAS CIRCLE WEST PALM BEACH, FL 33413 | | TO Adams, Idalia 4579 Bangor Avenue West Palm Beach FL 33417 | | | |
| 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: Maria Ball Siemon SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |
| Date: 07. MAY. 04 Daytime Phone: 561.640.0050 | | | | | |