

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 712006 (6)

1. Corporation Name  
THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF GREAT  
ER MIAMI AND DADE COUNTY, INC.

Principal Place of Business 351 N.W. 5TH STREET MIAMI FL 33128-1615 US	Mailing Address 351 N.W. 5TH STREET MIAMI FL 33128-1615 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 12/22/1966 3a. Date of Last Report 03/24/1995 4. FEI Number 59-0624450 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
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9. Name and Address of Current Registered Agent PHILLIPS, BEVERLY B. 351 N.W. 5TH STREET MIAMI FL 33128	10. Name and Address of New Registered Agent 81 Name Eileen Maloney-Simon 82 Street Address (P.O. Box Number is Not Acceptable) 351 N.W. 5th Street 83 84 City Miami FL 85 Zip Code 33128
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11. Pursuant to the provisions of Sections 617.0502 and 617.1908, 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 *Eileen Maloney-Simon* DATE 8-7-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCCRINK, CARMEN L. 1851 SW 14 TERR MIAMI FL DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	S Sosa M. Lydia 1185 Ludlam Drive Miami FL 33166 Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DOWNEY, ELLEN 9820 S.W. 63 COURT MIAMI FL DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Change Addition Gilmore, Karen 480 SE First Street Miami FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YOUNG, MARTHA L. 7400 SW 104 ST MIAMI FL DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Change Addition PD Judy Carter 3150 NW 49 Street Miami FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT GILMORE, KAREN 200 SE FIRST ST MIAMI FL DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Change Addition AT Le moine, Anna-Marie 150 W Flager Street Ste 1910 Miami FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHAPIRO, BRENDA B. E 1861 SW 21 TERRACE MIAMI FL DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Change Addition 300001930043 -08/22/96--01092--004 ***70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ELLIS, RUTH ALVALIA 400 N.W. 214TH STREET, #205 MIAMI FL DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Change Addition AS N/A

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: *Eileen Maloney-Simon* DATE 8-7-96 (305) 822-9137 377-9922

CR2E037 (3/96)