


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 18 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | 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

Mailing Address

**351 N.W. 5TH STREET
MIAMI FL 33128-1615
US**

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MIAMI FL 33128-1615
US**



3. Date Incorporated or Qualified **12/22/1966** 3a. Date of Last Report **08/22/1996**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **59-0624450** Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

22 City & State 27 City & State 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**MALONEY-SIMON, EILEEN
351 N.W. 5TH STREET
MIAMI FL 33128**

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 | S <input type="checkbox"/> DELETE | 1.1 TITLE | S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SOSA, LUDIA M | 1.2 NAME | Ellis-Myers, Ruth |
| STREET ADDRESS | 1185 LUDIAM DR. | 1.3 STREET ADDRESS | 111 N.W. 1 Street Ste 1110 |
| CITY-ST-ZIP | MIAMI FL 33166 | 1.4 CITY-ST-ZIP | Miami, Florida 33128-1974 |
| TITLE | PD <input type="checkbox"/> DELETE | 2.1 TITLE | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CARTER, JUDY | 2.2 NAME | Machado, Ann P. |
| STREET ADDRESS | 3150 NW 49TH ST. | 2.3 STREET ADDRESS | 7700 W. Kendall Drive Ste 300 |
| CITY-ST-ZIP | MIAMI FL | 2.4 CITY-ST-ZIP | Miami, Florida 33156-7565 |
| TITLE | T <input type="checkbox"/> DELETE | 3.1 TITLE | T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GILMORE, KAREN | 3.2 NAME | Queralt, Connie |
| STREET ADDRESS | 200 SE FIRST ST | 3.3 STREET ADDRESS | 12384 SW 82 Ave |
| CITY-ST-ZIP | MIAMI FL | 3.4 CITY-ST-ZIP | Miami, Florida 33156 |
| TITLE | VD <input type="checkbox"/> DELETE | 4.1 TITLE | VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SHAPIRO, BRENDA B. E | 4.2 NAME | Kondrad, Kathryn |
| STREET ADDRESS | 1861 SW 21 TERRACE | 4.3 STREET ADDRESS | 11692 SW 81 Road |
| CITY-ST-ZIP | MIAMI FL | 4.4 CITY-ST-ZIP | Miami, FL 33156 |
| TITLE | AS <input type="checkbox"/> DELETE | 5.1 TITLE | AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ELLIS, RUTH ALVALIA | 5.2 NAME | Shapiro, Brenda B.E. |
| STREET ADDRESS | 400 N.W. 214TH STREET, #205 | 5.3 STREET ADDRESS | 1861 SW 21 Terrace |
| CITY-ST-ZIP | MIAMI FL | 5.4 CITY-ST-ZIP | Miami, FL |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | AT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 6.2 NAME | Lemoine, Anna-Marie |
| STREET ADDRESS | | 6.3 STREET ADDRESS | 150 W Flager Street Ste 1910 |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | Miami FL 33130 |

14. I do 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: *Eileen Maloney-Simon* (Signature) *Ellis-Myers, Ruth* (Signature) *Ann P. Machado* (Signature) *Connie Queralt* (Signature) *Kathryn Kondrad* (Signature) *Brenda B.E. Shapiro* (Signature) *Anna-Marie Lemoine* (Signature)

CR2E037 (9/96)