FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # 712006

(6)

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 351 N.W. 5TH STREET 3. Date Incorporated or Qualified MIAMI FL 33128-1615 MIAMI FL 33128-1615 <u>12/22/1966</u> 4. FEI Number 59-0624450 Not Applicable Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 26 Fee Required Sulte, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 22 27 Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? **I** No 23 🔲 Yes 28 Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 Yes 25 29 30 Personal Property Tax due June 30. ΠNo 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name MALONEY-SIMON, EILEEN Street Address (P.O. Box Number is Not Acceptable) 351 N.W. 5TH STREET 83 MAMI FL 33128 84 City Zip Code 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 properties of the pulligations of, Section 617.0503, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS Ĩ3. DELETE Change Addition TITLE 1.1 TITLE **ELLIS-MYERS, RUTH** NAME 12 NAME 111 N.W. 1 ST., STE. 1110 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-\$1-ZIP 1.4 CITY-ST-ZIP Addition DELETE Change TITLE 2.1 TITLE MACHADO, ANN P. NAMÉ 2.2 NAME 7700 W. KENDALL DR., STE. 300 STREET ADDRESS 2.3 STREET ADDRESS **M**IAMI FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE **K** Change Addition TITLE 3 1 TITLE **QUERALT, CONNIE** NAME 3.2 NAME 7900 Miami Lakes Drive West STREET ADDRESS 12384 SW 82 AVE. 3.3 STREET ADDRESS Miami Lakes, FL MIAMI FL CITY-ST-ZIE 3.4. CITY - ST - ZIP **X** DELETE 4.1 TITLE VP of Development Change **Addition** TITLE KONDRAD, KATHRYN Karen Gilmore NAME 4.2 NAME 11692 SW 81 RD. 4.3 STREET ADDRESS 3 Grove Isle Drive STREET ADDRESS MIAM! FL 4.4 CITY-ST-ZIP CITY-ST-ZIP <u>Miami, FL 33133</u> DELETE Change Addition TITLE 5.1 TITLE VP of Membership & SHAPIRO, BRENDA B.E. 5.2 NAME Programs **1861 SW 21 TERRACE** STREET ADDRESS 5.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 5.4 CITY - ST - ZIP Executive Director TITLE **S** DELETE 6.1 TITLE Change Addition Eileen Maloney-Simon NAME LEMOINE, ANNA-MARIE 6.2 NAME 351 NW 5th Street STREET ADDRESS 150 W. FLAGLER ST., STE. 1910 6.3 STREET ADDRESS

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 of 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 chapted of on an attachment with an address.

Miami,

SIGNATURE:

CITY-ST-ZIP

100 Malney Sim

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FILED

May 14 1998 8:00am

Secretary of State