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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90080 001 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 712006					
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		



2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 12/22/1966	
				4. FEI Number 59-0624450	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent MALONEY-SIMON, EILEEN 351 N.W. 5TH STREET MIAMI FL 33128				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIS-MYERS, RUTH -D	1.2 NAME	
STREET ADDRESS	111 N.W. 1 ST., STE. 1110	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACHADO, ANN P. -D	2.2 NAME	
STREET ADDRESS	7700 W. KENDALL DR., STE. 300	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUERALT, CONNIE -D	3.2 NAME	
STREET ADDRESS	7900 MIAMI LAKES DRIVE WEST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33016	3.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILMORE, KAREN -D	4.2 NAME	President -D
STREET ADDRESS	3 GROVE ISLE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAPIRO, BRENDA B.E. -D	5.2 NAME	
STREET ADDRESS	1861 SW 21 TERRACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	ED <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALONEY-SIMON, EILEEN -D	6.2 NAME	
STREET ADDRESS	351 NW 5TH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33128	6.4 CITY-ST-ZIP	

14. 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 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, upon an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (1/98)