

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -6 PM 12:16

DOCUMENT # **720262** (5)
1. Corporation Name
YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF JACKSONVILLE, FLORIDA, INCORPORATED

Principal Place of Business Mailing Address
7507 BEACH BLVD JACKSONVILLE FL 32245-3908 US **OF JACKSONVILLE FLORIDA INCORPORATED P. O. BOX 16908 JACKSONVILLE FL 32245-3908**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/15/1971** 3a. Date of Last Report **03/30/1994**
4. FEI Number **59-0624472** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc 26 Suite, Apt #, etc
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
WEAVER, SANDRA L 7507 BEACH BLVD JACKSONVILLE FL 32202
10. Name and Address of New Registered Agent
81 Name **Patricia I. Hannan**
82 Street Address (P.O. Box Number is Not Acceptable) **7507 Beach Boulevard**
83
84 City **Jacksonville** FL 85 Zip Code **32216**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.
SIGNATURE **Patricia I. Hannan** (Signature, typed or printed name of registered agent and title if applicable) **Patricia I. Hannan** (NOTE: Signature of Agent Required When Changing) DATE **02/24/95**

12. OFFICERS AND DIRECTORS
TITLE PD
NAME **SMITH, LINDA LARKIN**
STREET ADDRESS **50 N LAURA ST #2500 JACKSONVILLE FL**
CITY-ST-ZIP
TITLE VD
NAME **MCDONALD, SUSAN**
STREET ADDRESS **1301 GULF LIFE DR #1500 JACKSONVILLE FL**
CITY-ST-ZIP
TITLE AVD
NAME **STOKES, NANCY**
STREET ADDRESS **P O BOX 990 NA JACKSONVILLE FL**
CITY-ST-ZIP
TITLE SD
NAME **ROMANO, GINNY STINE**
STREET ADDRESS **1836 SAN MARCO BLVD JACKSONVILLE FL**
CITY-ST-ZIP
TITLE ASD
NAME **WRIGHT-BAILEY, HELEN**
STREET ADDRESS **841 PRUDENTIAL DR. JACKSONVILLE FL**
CITY-ST-ZIP
TITLE TD
NAME **BURNS, SUSAN LUDLOW**
STREET ADDRESS **9971 BAYMEADOWS RD JACKSONVILLE FL**
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE PD Change Addition
NAME **McDonald, Susan**
1.2 NAME
1.3 STREET ADDRESS **1301 Gulf Life Dr #1500**
1.4 CITY-ST-ZIP **Jacksonville, FL 32207**
2.1 TITLE D Change Addition
2.2 NAME **Burns, Susan Ludlow**
2.3 STREET ADDRESS **9971 Baymeadows Rd. Jacksonville, FL 32256**
2.4 CITY-ST-ZIP
3.1 TITLE VD Change Addition
3.2 NAME **Chinoy, Kathy**
3.3 STREET ADDRESS **6828 Linford Lane Jacksonville, FL 32257**
3.4 CITY-ST-ZIP
4.1 TITLE TD Change Addition
4.2 NAME **Romano, Ginny Stein**
4.3 STREET ADDRESS **1936 San Marco Blvd Jacksonville, FL 32207**
4.4 CITY-ST-ZIP
5.1 TITLE SD Change Addition
5.2 NAME **Perritt, Suzanne**
5.3 STREET ADDRESS **1016 River Oaks Road Jacksonville, FL 32207**
5.4 CITY-ST-ZIP
6.1 TITLE D Change Addition
6.2 NAME **Stokes, Nancy**
6.3 STREET ADDRESS **PO Box 990 (N/A) Jacksonville, FL 32231**
6.4 CITY-ST-ZIP

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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Susan L Burns** (Signature, typed or printed name of signing officer or director) **2-27-95** (Date) **(904) 727-6460** (Telephone Number)