

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 720590 (9)

1. Corporation Name
THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF PALM BEACH COUNTY, FLORIDA



Principal Place of Business: 901 S. OLIVE AVENUE W PALM BEACH FL 33401-3593
Mailing Address: 901 S. OLIVE AVENUE W PALM BEACH FL 33401-3593

3. Date Incorporated or Qualified: 03/23/1971
3a. Date of Last Report: 03/17/1995
4. FEI Number: 59-0751935
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

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

9. Name and Address of Current Registered Agent
**KOSCO, ANN M.
901 S OLIVE AVE
W. PALM BCH. FL 33401**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **700001823507**
83: **-05/15/96--01141--004**
84 City: *****8.75**
85 Zip Code: **FL**

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOSCO, ANN M.	1.2 NAME	000001823510
STREET ADDRESS	901 S OLIVE AVE	1.3 STREET ADDRESS	-05/15/96--01141--005
CITY-ST-ZIP	W. PALM BEACH FL	1.4 CITY-ST-ZIP	***8.75
TITLE	TD	2.1 TITLE	Secretary/Treasurer "T" <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIDEGON, FREIDA	2.2 NAME	Betsy Koester
STREET ADDRESS	8679 PLUTO TERRACE	2.3 STREET ADDRESS	215 South Olive Avenue
CITY-ST-ZIP	LAKE PARK FL	2.4 CITY-ST-ZIP	West Palm Beach, Florida, 33401
TITLE	PD	3.1 TITLE	Vice-President "T" <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CULLIFER, SANDI	3.2 NAME	Susan Queen
STREET ADDRESS	CRYSTAL TREE CTR, 1201 US HWY 1, 41	3.3 STREET ADDRESS	7100 Fairway Drive, Suite #30
CITY-ST-ZIP	N PALM BEACH FL	3.4 CITY-ST-ZIP	Palm Beach Gardens, Florida, 33418
TITLE	VD	4.1 TITLE	Fund Development Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUYDI SELZ, LILIANA	4.2 NAME	Anita Dubnoff "D"
STREET ADDRESS	6405 WINDING LAKE DRIVE	4.3 STREET ADDRESS	1200 S. Flagler Drive, #1005
CITY-ST-ZIP	JUPITER FL	4.4 CITY-ST-ZIP	West Palm Beach, Florida 33401
TITLE	PED	5.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCPHEE, MICHELLE "T"	5.2 NAME	
STREET ADDRESS	4165 WOODS EDGE CIR., APT. B	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL	5.4 CITY-ST-ZIP	
TITLE	SD	6.1 TITLE	President-Elect <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, CONSTANCE "T"	6.2 NAME	
STREET ADDRESS	9056 GREEN MEADOWS WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL	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 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: *Ann M. Kosco* DATE: April 23, 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Ann M. Kosco DATE: April 23, 1996 TELEPHONE: 407-833-2439

CR2E037 (12/95)