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FILED
May 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33401-6513
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3. Date Incorporated or Qualified 03/23/1971	3a. Date of Last Report 05/15/1996
4. FEI Number 59-0751935	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

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)
83.
84. City
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: *Ann M. Kosco* DATE: **4/30/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	D	
NAME	KOSCO, ANN M.	
STREET ADDRESS	901 S OLIVE AVE	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	STTR	
NAME	KOESTER, BETSY	
STREET ADDRESS	215 S. OLIVE AVE.	
CITY-ST-ZIP	WEST PALM BCH. FL 33401	
TITLE	V/TR	<input checked="" type="checkbox"/> DELETE
NAME	QUEEN, SUSAN	
STREET ADDRESS	7100 FAIRWAY DR., SUITE #30	
CITY-ST-ZIP	PALM BCH GARDENS FL 33418	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DUBNOFF, ANITA	
STREET ADDRESS	1200 S-FLAGLER DR., #1005	
CITY-ST-ZIP	WEST PALM BCH. FL 33401	
TITLE	P/TR	<input type="checkbox"/> DELETE
NAME	MOPHEE, MICHELLE	
STREET ADDRESS	4165 WOODS EDGE CIR., APT. B	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	P/TR	<input type="checkbox"/> DELETE
NAME	ROBINSON, CONSTANCE	
STREET ADDRESS	9056 GREEN MEADOWS WAY	
CITY-ST-ZIP	PALM BCH GARDENS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP	33401		
2.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME	TR		
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
3.2 NAME	Alicia McKinney		
3.3 STREET ADDRESS	1805 Blue Heron Boulevard, C102		
3.4 CITY-ST-ZIP	Riviera Beach, FL 33404		
4.1 TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
4.2 NAME	Ileana Couso		
4.3 STREET ADDRESS	1109 Okeechobee Road		
4.4 CITY-ST-ZIP	West Palm Beach, FL 33401		
5.1 TITLE	P-Elect	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
5.2 NAME	Emma Moore		
5.3 STREET ADDRESS	1397 - 6th Street		
5.4 CITY-ST-ZIP	West Palm Beach, FL 33401		
6.1 TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: **4/30/97** DAYTIME PHONE: **561-835-2439**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)