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**Mar 23 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

4. FEI Number
59-0751935

Applied For
Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

28 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOSCO, ANN M.
901 S OLIVE AVE
W. PALM BCH. FL 33401

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D <input type="checkbox"/> DELETE
NAME	KOSCO, ANN M.
STREET ADDRESS	901 S OLIVE AVE
CITY-ST-ZIP	W. PALM BEACH FL
TITLE	TR <input type="checkbox"/> DELETE
NAME	KOESTER, BETSY
STREET ADDRESS	215 S. OLIVE AVE.
CITY-ST-ZIP	WEST PALM BCH. FL
TITLE	ST <input type="checkbox"/> DELETE
NAME	MCKINNEY, ALICIA
STREET ADDRESS	1805 BLUE HERON BLVD., C102
CITY-ST-ZIP	RIVIERA BEACH FL
TITLE	XX <input type="checkbox"/> DELETE
NAME	COUSO, ILEANA
STREET ADDRESS	1109 OKEECHOBEE RD
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	P/TR <input checked="" type="checkbox"/> DELETE
NAME	MCPHEE, MICHELLE
STREET ADDRESS	4165 WOODS EDGE CIR., APT. B
CITY-ST-ZIP	PALM BCH GARDENS FL
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	ROBINSON, CONSTANCE
STREET ADDRESS	9056 GREEN MEADOWS WAY
CITY-ST-ZIP	PALM BCH GARDENS FL

1.1 TITLE	S98051901593 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	-03/24/98--01024--025
1.3 STREET ADDRESS	***8.75
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	P/Elect <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	COUSO, ILEANA
4.3 STREET ADDRESS	1109 OKEECHOBEE ROAD
4.4 CITY-ST-ZIP	WEST PALM BEACH, FL
5.1 TITLE	P/TR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Moore, Enma
5.3 STREET ADDRESS	1397 6th Street
5.4 CITY-ST-ZIP	West Palm Beach, FL
6.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Anna Polavkovich
6.3 STREET ADDRESS	Post Office Box 424 (N/A)
6.4 CITY-ST-ZIP	Palm Beach, FL

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 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: _____ **2/11/98** **FL-023-21129**

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