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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # 720590

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

Principal Place of Business Mailing Address
 901 S. OLIVE AVENUE 901 S. OLIVE AVENUE
 W PALM BEACH FL 33401-3530 W PALM BEACH FL 33401-3530



21. Principal Place of Business 2200 N. FL Mango Road	2a. Mailing Address 2200 N. FL Mango Road	3. Date Incorporated or Qualified 03/23/1971
22. Suite, Apt. #, etc. 102	26. Suite/Apt. #, etc. 102	4. FEI Number 59-0751935
23. City & State West Palm Beach, FL	27. City & State West Palm Beach, FL	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24. Zip 33409	28. Zip 33409	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country USA	29. Country USA	

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 Kosco, Ann M. 82 Street Address (P.O. Box Number is Not Acceptable) 2200 North Florida Mango Road 83 Suite 102 84 City West Palm Beach 85 Zip Code FL 33409
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11. Pursuant to the provisions of Sections 617.0502 and 617.1906, 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* **Ann M. Kosco** DATE: **3/31/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KOSCO, ANN M.		1.2 NAME Kosco, Ann M.	
STREET ADDRESS 901 S OLIVE AVE		1.3 STREET ADDRESS 2200 North Florida Mango Rd., Ste#102	
CITY-ST-ZIP W. PALM BEACH FL		1.4 CITY-ST-ZIP West Palm Beach, FL 33409	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TR	<input checked="" type="checkbox"/> DELETE	2.1 TITLE TR D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KOESTER, BETSY		2.2 NAME Schmidt, Shellie	
STREET ADDRESS 215 S. OLIVE AVE.		2.3 STREET ADDRESS 218 Datura Street	
CITY-ST-ZIP WEST PALM BCH FL		2.4 CITY-ST-ZIP West Palm Beach, FL 33401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST	<input type="checkbox"/> DELETE	3.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCKINNEY, ALICIA		3.2 NAME McKinney, Alicia	
STREET ADDRESS 1805 BLUE HERON BLVD., C102		3.3 STREET ADDRESS 1805 Blue Heron Boulevard, C102	
CITY-ST-ZIP RIVIERA BEACH FL		3.4 CITY-ST-ZIP Riviera Beach, FL 33404	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE PE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME COUSO, ILEANA		4.2 NAME Davis, Pauline Clare	
STREET ADDRESS 1109 OKEECHOBEE RD		4.3 STREET ADDRESS 13308-53rd Court North	
CITY-ST-ZIP WEST PALM BEACH FL		4.4 CITY-ST-ZIP West Palm Beach, FL 33411	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE PTR	<input type="checkbox"/> DELETE	5.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MOORE, EMMA		5.2 NAME Cullifer, Sandra G.	
STREET ADDRESS 1397 6TH STREET		5.3 STREET ADDRESS 1201 US Highway 1, #41	
CITY-ST-ZIP WEST PALM BEACH FL		5.4 CITY-ST-ZIP North Palm Beach, FL 33408	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME POLAVKOVICH, ANNA		6.2 NAME	
STREET ADDRESS P.O. BOX 424 N/A		6.3 STREET ADDRESS	
CITY-ST-ZIP PALM BEACH FL		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 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, with all other like empowered.

SIGNATURE: *Ann M. Kosco* **Ann M. Kosco** DATE: **3/31/99** 561-640-0050 #117

CR2E037 (11/98)