

**2000 UNIFORM BUSINESS REPORT (UBR)**

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**FILED**  
**Jul 05, 2000 8:00 am**  
**Secretary of State**

06-19-2000 90007 002 \*\*\*\*70.00

**DOCUMENT # 720590**

**(R)**

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

Principal Place of Business Mailing Address  
 2200 N. FLORIDA MANGO ROAD 2200 N. FLORIDA MANGO  
 SUITE 102 SUITE 102  
 WEST PALM BEACH, FL 33409 WEST PALM BEACH, FL  
 33409

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 Zip Country Zip Country

DO NOT WRITE IN THIS SPACE  
 4. FEI Number 59-0751935 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 KOSCO, ANN M.  
 2200 N. FLORIDA MANGO ROAD  
 SUITE 102  
 WEST PALM BEACH, FL 33409

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.  
 SIGNATURE *Ann M. Kosco* DATE 6/6/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees  
**FILE NOW: FEE IS \$61.25** **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	Kosco, Ann M.	
STREET ADDRESS	2200 N. Florida Mango Rd, #102	
CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE	T	<input type="checkbox"/> Delete
NAME	Schmidt, Shellie	
STREET ADDRESS	218 Datura Street	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	V	<input type="checkbox"/> Delete
NAME	McKinney, Alicia	
STREET ADDRESS	1805 Blue Heron Blvd, C102	
CITY-ST-ZIP	Riviera Beach, FL 33404	
TITLE	S	<input type="checkbox"/> Delete
NAME	Davis, Pauline Clare	
STREET ADDRESS	13308 53rd Court North	
CITY-ST-ZIP	West Palm Beach, FL 33411	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	Cullifer, Sandra G.	
STREET ADDRESS	1201 US Highway 1, #41	
CITY-ST-ZIP	North Palm Beach, FL 33408	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	Polavkovich, Anna	
STREET ADDRESS	P.O. Box 424	
CITY-ST-ZIP	Palm Beach, FL 33480	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McKinney, Alicia	
STREET ADDRESS	779 Lilac Drive	
CITY-ST-ZIP	Royal Palm Beach, FL 33411	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ann M. Kosco* (561) 640-0050 #117  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
*Ann M. Kosco* Ann M. Kosco

CR2E037 (9/99)