2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#720590

FILED Apr 27, 2005 Secretary of State

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

Current Principal Place of Business:					New Principal Place of Business:				
2200 NORTH FL. MANGO ROAD SUITE 102 WEST PALM BEACH, FL 33409 US					2200 NORTH FLORIDA MANGO ROAD SUITE 102 WEST PALM BEACH, FL 33409 US				
Current Mailing Address:					New Mailing Address:				
SUITE 102	TH FL. MANGO M BEACH, FL		US		SUITE 102	TH FLORIDA M M BEACH, FL		OAD US	
FEI Number:	59-0751935	FEI Numi	per Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate	of Status Desired (X)	
Name and	Address of Cเ	ırrent Re	gistered Agent:		Name and	Address of N	ew Regis	tered Agent:	
WILLIAMS-SMITH, CAROLYN 2200 N FLORIDA MANGO RD STE 102 WEST PALM BEACH, FL 33409 US The above named entity submits this statement for the purpose of in the State of Florida.					WILLIAMS-SMITH, CAROLYN 2200 NORTH FLORIDA MANGO RD STE 102 WEST PALM BEACH, FL 33409 US of changing its registered office or registered agent, or both,				
SIGNATURE:					04/27/2005				
	Electronic	Signatu	re of Registered Agent				Da	ate	
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	SD () CHESTER, SALL 148 BLOOMFIEL WEST PALM BEA	D DRIVE	3405		Title: Name: Address: City-St-Zip:	()	Change ()	Addition	
Title: Name: Address: City-St-Zip:	P () E ROBERTS, ARNE 2136 CHAGALL O WEST PALM BE	CURELA	3409		Title: Name: Address: City-St-Zip:	D (X) ROBERTS, ARN 2136 CHAGALL WEST PALM BE	CURELA		
Title: Name: Address: City-St-Zip:	VPD () E SIEMONS, MARIA 430 WOODSIDE WEST PALM BEA	DR	3415		Title: Name: Address: City-St-Zip:	PRES (X) SIEMONS, MAR 430 WOODSIDI WEST PALM BE	E DR		
Title: Name: Address: City-St-Zip:	TD () E ADAMS, IDALIA 4579 BANGOR A WEST PALM BE		3417		Title: Name: Address: City-St-Zip:	()	Change ()	Addition	
Title: Name: Address: City-St-Zip:	VP () E TURNQUEST, SA 1429 6TH STREE WEST PALM BEA	ĒΤ	3401		Title: Name: Address: City-St-Zip:	()	Change ()	Addition	
Title: Name: Address: City-St-Zip:	()(Delete			Title: Name: Address: City-St-Zip:	D () MUNOZ, MARIL 17892 127TH D JUPITER, FL 3	RIVE NORTH		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA B SIEMON PRES 04/27/2005