FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 FEB 17 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 744693 (3)

1. Corporation Name

THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF TAMPA BAY, INC.

Principal Place of Business	Mailing Address
655-2ND AVE.S. ST. PETERSBURG FL 33701	655-2ND AVE.S. ST. PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/24/1978
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-0638517 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SANCHEZ, PEGGY
655-2ND AVE.,S.
ST PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	JACKSON, SHARON K	1.2 NAME		
STREET ADDRESS	8001 MACOMA DRIVE NE	1.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP		
TITLE	VPD	2.1 TITLE	VPD	XX Change ☐ Addition
NAME	WILLIAMS, JILL	2.2 NAME		
STREET ADDRESS	1451 50TH AVENUE NE	2.3 STREET ADDRESS	Rhode, Barbara	
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	116 8th Avenue NE, St. Petersburg, FL	
TITLE	VD	3.1 TITLE	V.P.-Operations,D	XXX Change ☐ Addition
NAME	PERRY, JEANNIE	3.2 NAME	Johnson, Nancy	
STREET ADDRESS	2810 COUNTRYSIDE BLVD. #5	3.3 STREET ADDRESS	4831 Nappoli Court NE	
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	St. Petersburg, FL	
TITLE	TD	4.1 TITLE	TD	XX Change ☐ Addition
NAME	BURMASTER, PAM	4.2 NAME	Hansen, Connie	
STREET ADDRESS	13701 76TH TERRACE NORTH	4.3 STREET ADDRESS	10433 Shady Oak Lane	
CITY-ST-ZIP	SEMINOLE FL	4.4 CITY-ST-ZIP	Largo, FL	
TITLE	SD	5.1 TITLE	SD	XX Change ☐ Addition
NAME	JOHNSON, NANCY	5.2 NAME	Taylor, Tequilla	
STREET ADDRESS	4831 NAPOLI COURT NE	5.3 STREET ADDRESS	13413 Sunvale Place	
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP	Tampa, FL	
TITLE	VP	6.1 TITLE		XX Change ☐ Addition
NAME	JACKSON, SHARON	6.2 NAME		
STREET ADDRESS	0801 OAK STREET N.E.	6.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33702	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ Peggy Sanchez, Executive Director 896-4629
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0088564

Internal Revenue Service

District
Director

Department of the Treasury

P.O. Box 1055
Atlanta, GA 30370

Young Women's Christian Association
647 First Avenue North
St. Petersburg, FL 33701

Person to Contact:
Carman Avery
Telephone Number:
(404) 221-4516
Refer Reply to:
EO:7201:
Date:
December 23, 1983

Dear Sir or Madam:

This is in response to your request for confirmation of your exemption from Federal income tax.

You were recognized as an organization exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code by our letter dated November 1966 . You were further determined not to be a private foundation within the meaning of section 509(a) of the Code because you are an organization described in section 509(a)(2).

Contributions to you are deductible as provided in section 170 of the Code.

The tax exempt status recognized by our letter referred to above is currently in effect and will remain in effect until terminated, modified or revoked by the Internal Revenue Service. Any change in your purposes, character, or method of operation must be reported to us so we may consider the effect of the change on your exempt status. You must also report any change in your name and address.

Thank you for your cooperation.

Sincerely yours,

Carman Avery

Exempt Organizations Specialist