FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **10/24/1978**

3a. Date of Last Report: **02/17/1995**

2. Principal Place of Business
21

Suite, Apt. #, etc.
22

City & State
23

Zip
24

Country
25

2a. Mailing Address
26

Suite, Apt. #, etc.
27

City & State
28

Zip
29

Country
30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	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	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RHODE, BARBARA		2.2 NAME		
STREET ADDRESS	116 8 AVE NE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE	VPD	☒ Change ☐ Addition
NAME	JOHNSON, NANCY		3.2 NAME	Tequilla Taylor	
STREET ADDRESS	4831 NAPPOLI COURT NE		3.3 STREET ADDRESS	13413 Sunvale Place	
CITY-ST-ZIP	ST. PETERSBURG FL		3.4 CITY-ST-ZIP	Tampa, FL 33626	
TITLE	TD	☐ DELETE	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	HANSEN, CONNIE		4.2 NAME	Karen Steinmetz	
STREET ADDRESS	10433 SHADY OAK LANE		4.3 STREET ADDRESS	1064 45th Avenue NE	
CITY-ST-ZIP	LARGO FL		4.4 CITY-ST-ZIP	St. Petersburg, FL 33703	
TITLE	SD	☐ DELETE	5.1 TITLE	VPD	☒ Change ☐ Addition
NAME	TAYLOR, TEQUILLA		5.2 NAME	Same	
STREET ADDRESS	13413 SUNVALE PL		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	6.1 TITLE	~~SD~~	☒ Change ☐ Addition
NAME	JACKSON, SHARON		6.2 NAME	Laurie Stone	
STREET ADDRESS	9801 OAK STREET N.E.		6.3 STREET ADDRESS	4750 Dolphin Cay Lane S., #403D	
CITY-ST-ZIP	ST. PETERSBURG FL 33702		6.4 CITY-ST-ZIP	St. Petersburg, FL 33711	

CR2E037 (12/95)

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: _____ Date _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Peggy Sanchez, Executive Director

896-4629
Daytime Phone #