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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **744693**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 10/24/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0638517 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SANCHEZ, PEGGY M
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 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	PETERSON, CARLEN		1.2 NAME	
STREET ADDRESS	2582 ANDERSON DR. W.		1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER F		1.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	JACKSON, SHARON		2.2 NAME	
STREET ADDRESS	8001 MACOMA DR NE		2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33702		2.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition V/D
NAME	STONE, LAURIE		3.2 NAME	Laura Green
STREET ADDRESS	4750 DOLPIHN CAY LANE S. #403D		3.3 STREET ADDRESS	5203 Bayshore Blvd., Tampa, FL 33611
CITY-ST-ZIP	ST. PETERSBURG FL		3.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	4.1 TITLE	☒ Change ☐ Addition S/D
NAME	STEINMETZ, KAREN		4.2 NAME	Patricia Patterson
STREET ADDRESS	1064 45TH AVENUE NE		4.3 STREET ADDRESS	302 Orangewood Lane, Largo, FL 33770
CITY-ST-ZIP	ST PETERSBURG FL		4.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition T/D
NAME	HANSEN, CONNIE		5.2 NAME	Connie Hansen
STREET ADDRESS	10000 W BAY STREET		5.3 STREET ADDRESS	same
CITY-ST-ZIP	SEMINOLE FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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: SIGNATURE REQUIRED 2-17-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #