## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State DOCUMENT #744693** 02-27-2006 90104 001 \*\*\*\*61.25 THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF TAMPA BAY, INC. Principal Place of Business Mailing Address 655-2ND AVE., S. 655-2ND AVE., S. ST. PETERSBURG, FL 33701 ST. PETERSBURG, FL 33701 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02202006 Chg-NP CR2E037 (11/05) 4. FE! Number 59-0638517 Applied For City & State City & State Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FINLAW-DUSSEAULT, SUSAN Street Address (P.O. Box Number is Not Acceptable) 655-2ND AVE.,S. ST PETERSBURG, FL 33701 Zip Code 8.r, 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. I am familiar with, and accept $\frac{1}{51}$ the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 2. <u>...</u>. Make check payable to 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Florida Department of State Due by May 1, 2006 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS X Addition TITLE Delete TITLE ☐ Change Tami Simms-Powel SKYRME, PAMELA NAME NAME 494 49th Avenue North 109 NORTH LINCOLN AVENUE STREET ADDRESS STREET ADDRESS St. Petersburg, FL 33703 CITY-ST-ZIP CITY-ST-ZIP CLEARWATER, FL 33755 TITLE ☐ Change Addition TITLE Detete MORT, CYNDA NAME Sharon Jackson STREET ADDRESS STREET ADDRESS 207 18TH AVE NE 8001 Macoma Drive NE CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG, FL 33705 St. Petersburg, FL 33702 TITLE Change Addition TITLE Delete Penelope Welch NAME JOHNSON, MARILYN NAME STREET ADDRESS 7929 Garden Drive North STREET ADDRESS 219 - 27 AVENUE NORTH SAINT PETERSBURG, FL 33704 CITY-ST-ZIP CITY-ST-ZIP St. Petersburg, FL 33710 X Change ☐ Addition TITLE TITLE Delete Marilyn Jackson GRAHAM-HAYNES, ROSLYN NAME NAME 219 27th Avenue North STREET ADDRESS 1000 62ND PLACE SOUTH STREET ADDRESS St. Petersburg, FL 33704 CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG, FL 33705 TITLE Change ☐ Addition ☐ Delete TITLE CAMPA-FLANAGAN, LIZA-NAME NAME STREET ADDRESS 813 JACARANDA DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO, FL 33770 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 chapter 119, Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 chapter 119, Florida Statutes 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

\_\_SIGNATURE:

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CHATTIES AND TYPED OF DEPOTED NAME OF SIGNING OFFICER OF DIRECTOR

Susan Finlaw-Dusseault

2/20/06

FILED

Feb 27, 2006 8:00 am

727/896-4629

Date

Daytime Phone #