## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000006283

City-St-Zip:

Entity Name: TALLAHASSEE DIOCESE YPCW, INC.

FILED Sep 08, 2004 Secretary of State

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Current Principal Place of Business:		New Principal Place of Business:	
2488 EDDIE RD. TALLAHASSEE,	FL 32308		
Current Mailing Address:		New Mailing Address:	
2488 EDDIE RD. TALLAHASSEE,	FL 32308		
FEI Number:	FEI Number Applied For (X)	FEI Number Not App	licable ( ) Certificate of Status Desired ( )
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:	
RIVERS, CLARE 2488 EDDIE RD. TALLAHASSEE,			
The above name in the State of Flo		ourpose of changing i	ts registered office or registered agent, or both,
SIGNATURE:			
Electronic Signature of Registered Age		ent	Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	( ) Delete	Title: Name: Address: City-St-Zip:	CD ( ) Change (X) Addition RIVERS, CLARENCE CD 2488 EDDIE ROAD TALLAHASSEE, FL 32308 US
Title: Name: Address: City-St-Zip:	( ) Delete	Title: Name: Address: City-St-Zip:	VD ( ) Change (X) Addition GRADY, ANNIE W VD 5975 BUTTON WILLOW LANE TALLAHASSEE, FL 32305 US
Title: Name: Address: City-St-Zip:	( ) Delete	Title: Name: Address: City-St-Zip:	SD ( ) Change (X) Addition RIVERS, DOROTHY H SD 2488 EDDIE ROAD TALLAHASSEE, FL 32308 US
Title: Name: Address: City-St-Zip:	( ) Delete	Title: Name: Address: City-St-Zip:	TD ( ) Change (X) Addition MORGAN, LUEVERNIA TD 2210 ST. MARKS STREET TALLAHASSEE, FL 32310 US
Title: Name: Address:	( ) Delete	Title: Name: Address:	D ( ) Change (X) Addition DAVIS, ELMIRA D 3715 CARACUS CT.

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.

City-St-Zip:

TALLAHASSEE, FL 32303 US

SIGNATURE: CLARENCE RIVERS CD 09/08/2004