

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N97000003058 (1)**

1. Corporation Name

**YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF DAYTONA B
EACH, INC.**



Principal Place of Business
**344 SOUTH BEACH STREET
DAYTONA BEACH FL 32114**

Mailing Address
**344 SOUTH BEACH STREET
DAYTONA BEACH FL 32114**

3. Date Incorporated or Qualified

05/27/1997

4. FEI Number

59-0638518

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☒

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☒

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALLEN, JOHN C JR
115 E GRANADA SUITE 2
ORMOND BEACH FL 32176**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

☐

Change

☐

Addition

NAME **ALLEN, DEBORAH B**

1.2 NAME

STREET ADDRESS **P.O. BOX 2932**

1.3 STREET ADDRESS

CITY-ST-ZIP **ORMOND BEACH FL 32175**

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE

☐

Change

☐

Addition

NAME **KAUFFMAN, JESSICA**

2.2 NAME

STREET ADDRESS **779 ASPEN DRIVE**

2.3 STREET ADDRESS

CITY-ST-ZIP **DAYTONA BEACH FL 32119**

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE

☐

Change

☐

Addition

NAME **MULLENS, BARBARA A**

3.2 NAME

STREET ADDRESS **186 LAURELWOOD LANE**

3.3 STREET ADDRESS

CITY-ST-ZIP **ORMOND BEACH FL 32174**

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE

☐

Change

☐

Addition

NAME **FRAN GORDEN**

4.2 NAME

STREET ADDRESS **3 OCEANS WEST BLVD.**

4.3 STREET ADDRESS

CITY-ST-ZIP **DAYTONA BEACH SHORES, FL 32118**

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE

☐

Change

☐

Addition

NAME **PAMELA HANLEY**

5.2 NAME

STREET ADDRESS **1354 12th ST.**

5.3 STREET ADDRESS

CITY-ST-ZIP **HOLLY HILL, FL. 32117**

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

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.

SIGNATURE:

Barbara A. Mullens (BARBARA A. MULLENS) 1-12-98 (904) 677-4501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0002025

CP2E037 (10/97)