

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90144 048 ****61.25

DOCUMENT # N97000003058

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**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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 ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

PD
NAME ALLEN, DEBORAH B
STREET ADDRESS P.O. BOX 2932
CITY-ST-ZIP ORMOND BEACH FL 32175

TITLE ☒ DELETE

VD
NAME KAUFFMAN, JESSICA
STREET ADDRESS 779 ASPEN DRIVE
CITY-ST-ZIP DAYTONA BEACH FL 32119

TITLE ☐ DELETE

STD
NAME MULLENS, BARBARA A
STREET ADDRESS 186 LAURELWOOD LANE
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE ☐ DELETE

D
NAME GORDEN, FRAN
STREET ADDRESS 3 OCEANS WEST BLVD
CITY-ST-ZIP DAYTONA BEACH SHORES FL 32118

TITLE ☒ DELETE

D
NAME HANLEY, PAMELA
STREET ADDRESS 135 1/2 12TH ST
CITY-ST-ZIP HOLLY HILL FL 32117

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

VD
NAME DIANE CHANFRAU
STREET ADDRESS 55 RIVER RIDGE TRAIL
CITY-ST-ZIP ORMOND BEACH, FL 32174

2.1 TITLE ☐ Change ☒ Addition

D
NAME THELMA IRVIN
STREET ADDRESS 236 S. RIDGEWOOD AVE.
CITY-ST-ZIP ORMOND BEACH, FL 32174

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4-20-99 (904) 677-4501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)