


FILED
Aug 18, 1999 8:00 am
Secretary of State

08-18-1999 90005 045 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N98000004165**

1. Corporation Name
YOUTH MAKING A CHANGE (YMAC), INC.

Principal Place of Business 903 S. RIDGE ST. LAKE WORTH FL 33460	Mailing Address 903 S. RIDGE ST. LAKE WORTH FL 33460
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611354-90004-5



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/16/1998
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24	29	30

9. Name and Address of Current Registered Agent

GRUBBS, LUCILLE F
903 S. RIDGE ST.
LAKE WORTH FL 33460

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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	P/D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUBBS, LUCILLE F	1.2 NAME	
STREET ADDRESS	903 S. RIDGE ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33460	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGLISH, JEANNETTE	2.2 NAME	
STREET ADDRESS	903 S. RIDGE ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33460	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, BARBARA	3.2 NAME	CATHERINE G. JORDAN
STREET ADDRESS	503 N.W. 2ND STREET	3.3 STREET ADDRESS	166 W. OCEAN DRIVE
CITY-ST-ZIP	BOYNTON BEACH FL 33435	3.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIMES, KAREN	4.2 NAME	
STREET ADDRESS	527 N.W. 9TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 August 1999 (561) 586-5421

Date

Daytime Phone #

CR2E037 (5/99)