


FILE NOW: FILING FEE IS \$61.25

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90224 040 ****75.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N98000006310

1. Corporation Name

YOUNG CHRISTIAN FAMILY ASSOCIATION MINISTRIES OF PALM BEACH INC.

Principal Place of Business
 5361 N. ROSEMARIE AVENUE
 BOYNTON BEACH FL 33437

Mailing Address
 5361 N. ROSEMARIE AVENUE
 BOYNTON BEACH FL 33437

5 8 9 7 8 - 90224 - 40



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 11/05/1998 4. FEI Number 65-0874593 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
---	--	---

9. Name and Address of Current Registered Agent DESIR, MCIVAN 5361 N. ROSEMARIE AVENUE BOYNTON BEACH FL 33437	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 MEIVAN DESIR SR MEIVAN DESIR SR 042999
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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESIR, YANIQUE	1.2 NAME	
STREET ADDRESS	5361 N. ROSEMARIE AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	President TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH, JEROME	2.2 NAME	Jerome Joseph
STREET ADDRESS	5361 N. ROSEMARIE AVENUE	2.3 STREET ADDRESS	1100 5th AVE
CITY-ST-ZIP	BOYNTON BEACH FL 33437	2.4 CITY-ST-ZIP	Fort Lauderdale FL 33460
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH, MCIVAN SR.	3.2 NAME	MCIVAN DESIR SR
STREET ADDRESS	1100 5TH AVE	3.3 STREET ADDRESS	5361 N ROSEMARIE AVE
CITY-ST-ZIP	FT LAUDERDALE FL 33437	3.4 CITY-ST-ZIP	Boynton Beach FL 33437
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESMARATES, ORESTE	4.2 NAME	DESMARATES, ORESTE
STREET ADDRESS	3367 23RD COURT	4.3 STREET ADDRESS	3367 23rd Court
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP	Fort Lauderdale FL
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 REQUIRED MEIVAN DESIR 042999 561-738-6523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)