

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR 12 PM 11:46

DOCUMENT # **700943** (4)

1. Corporation Name

**JUNIOR LEAGUE OF THE PALM BEACHES, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
470 COLUMBIA DR SUITE F101 WEST PALM BEACH FL 33409	470 COLUMBIA DR SUITE F101 WEST PALM BEACH FL 33409

3. Date Incorporated or Qualified <b>05/12/1960</b>	3a. Date of Last Report <b>02/03/1994</b>
4. FEI Number <b>59-0873155</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
24	25
Zip	Country
29	30

9. Name and Address of Current Registered Agent

**ALEXANDER, LARRY B**  
**505 SOUTH FLAGLER DRIVE**  
**SUITE 1100**  
**WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

**FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE LARRY B. ALEXANDER DATE 4/5/95

Signature, typed or printed name of registered agent (and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	ADAMS, PAMELA
STREET ADDRESS	211 N. PALM CIRCLE
CITY - ST - ZIP	JUNO FL
TITLE	VD
NAME	FREEMAN, ROBERTA
STREET ADDRESS	125 BOWSPRIT DR.
CITY - ST - ZIP	N. PALM BCH. FL
TITLE	VD
NAME	CROSS, JODA
STREET ADDRESS	2415 ARVALE RD.
CITY - ST - ZIP	WEST PALM BEACH FL
TITLE	SD
NAME	BURKO, ANGELA
STREET ADDRESS	107 SPINNAKER LANE
CITY - ST - ZIP	JUPITER FL
TITLE	SD
NAME	RILEY, VICKY
STREET ADDRESS	10781 LOCUST STREET
CITY - ST - ZIP	PALM BCH. GARDENS FL
TITLE	TD
NAME	HAWTHORNE, LISA
STREET ADDRESS	4025 BROOK CIRCLE EAST
CITY - ST - ZIP	WEST PALM BCH. FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P ROBERTA FREEMAN
1.3 STREET ADDRESS	125 BOWSPRIT DRIVE
1.4 CITY - ST - ZIP	NORTH PALM BEACH, FL 33408
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	P-E REBECCA ESIMINGER
2.3 STREET ADDRESS	717 KITTYHAWK WAY
2.4 CITY - ST - ZIP	NORTH PALM BEACH, FL 33408
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VD Nancy Lambrecht
3.3 STREET ADDRESS	3067 Mammal Circle
3.4 CITY - ST - ZIP	Jupiter, FL 33477
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SD Lynda Burgu
4.3 STREET ADDRESS	19663 Keesable Drive
4.4 CITY - ST - ZIP	TEQUESTA, FL 33469
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SD Beth Vandenberg
5.3 STREET ADDRESS	914 Lookatched Drive North
5.4 CITY - ST - ZIP	Jupiter, FL 33458
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	TD Suzanne Brenner
6.3 STREET ADDRESS	2400 Subony Drive
6.4 CITY - ST - ZIP	ATLANTA, FL 33462

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Candace D. Cappello TREASURER-ELECT DATE 4/5/95 407-689-7590

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CANDACE D. CAPPELLO**