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**Jun 01 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 # 700943 (4)

1. Corporation Name
JUNIOR LEAGUE OF THE PALM BEACHES, INC.



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

05/12/1960

4. FEI Number

59-0873155

Applied For
Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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	PD	<input type="checkbox"/> DELETE
NAME	JENKINS, WANDA F	
STREET ADDRESS	470 COLUMBIA DR #F101	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	PEO	<input type="checkbox"/> DELETE
NAME	VANDEBERG, BETH F	
STREET ADDRESS	470 COLUMBIA DR #F101	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	CVP	<input type="checkbox"/> DELETE
NAME	BENNETT, DEBRORAH P	
STREET ADDRESS	470 COLUMBIA DR #F101	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	RS	<input type="checkbox"/> DELETE
NAME	HISLOP, JULIE S	
STREET ADDRESS	470 COLUMBIA DR #F101	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ISIMINGER, PATRICIA D	
STREET ADDRESS	470 COLUMBIA DR #F101	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	TED	<input type="checkbox"/> DELETE
NAME	BRACCI, COLLEEN D	
STREET ADDRESS	470 COLUMBIA DR #F101	
CITY-ST-ZIP	W PALM BCH FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

Collen Bracci *Tom S...* *5/1/98* *861-689-7590*

CP2E037 (10/97)