## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 27 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

708588

(9)

THE JUNIOR LEAGUE OF FORT WALTON BEACH, INC.

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: .

rnicipal riace	or Business	Mailing Address				<u> </u>				
P.O. BOX 531 P.O. BOX 531										
	BEACH FL 32549	FORT WALTON BEACH FI	L 32549-0	531						
						3. Date Incorporated or Qualified 03/03/1965	3a. Dat	te of Last Re 03/13/19	96	
2. Principal Pla	ace of Business	2a. Mailing Address	a. Mailing Address			4. FEI Number	·····-	Ap	plied For	
21		26				59-2049326		No	t Applicable	
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	dditional	
22		27				5. Certificate of Status Desired	<u></u>	Fee Re	quired	
City & State	•	City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution		Added t	o Fees	
Zip				untry	i	This corporation has liability for intangible tax under s. 199.032,				
24	25 29 30				Fiorida Statutes Yes 🛂 No					
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9. Name and Address of Curre	nt Registered Agent		81	_ N	10. Name and Address of New Reg	istered A	gent		
				81	Name		:			
BARR, HARRY E.				62	Street	Address (P.O. Box Number is Not Acceptable	9)			
1201 N. ESLIN PKWY										
SHALIMAR FL 32579					1					
				84	City			85 Zip (	Code	
							<u>FL</u>			
11. Pursuant to	o the provisions of Sections 617.050	02 and 617 1508, Florida Statul	tes, the a	bov	a-named	corporation submits this statement for the pu	rpose of	changing its	s registered	
agent. I an	n familiar with, and accept the oblig	ations of, Section 617.0503, FI	orida Sta	tute	, μιο σσιμ 3.	poration's board of directors. I hereby accept	me appe	WILLIAM CO.	10 Gratore a	
SIGNATURE										
	Signature, typed or printed name of registered agent and title II applicable. (NOTE: Registered					required when reinstating)	DATE			
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE				
TITLE	P	<b>⊠</b> DELETE	1.1 T		ļ	VAMPINIECZ TERRI		<b>Change</b>	Addition	
NAME	BUCHANAN, DEBBIE			AME	l	KATRINECZ, TERRI 443 Waterway Lane				
STREET ADDRESS				TREET	ADDRESS	743 000000 0000	CUA			
CITY - ST - ZIP					T-ZIP	Ft Walton Beach, FL 37				
THTLE				ITLE	ļ	PE MARYS		Change	Addition	
NAME				AME	ļ	DONNA SUE MARKS B Plans Avenue				
STREET ADDRESS	443 WATERWAY LANE			TREET	ADDRESS	B Place Treats	па			
CITY-ST-ZIP					ST-ZIP	Shalimar, Florida 325		T-7 ::-		
TITLE	<del>-</del>			ITLE	I	SD ( Tail M		M Change	Addition	
NAME	~ · · · · · · · · · · · · · · · · · · ·			AME		Ghosh, Jen M				
STREET ADDRESS				TREET	ADDRESS	902 Avalon Lane				
CITY-ST-ZIP					ST-ZIP	Shalimar, FL 325		18 P -:	The same	
TIFLE	<b>**</b>			4.1 TITLE		5D MVPA	!	Change	Addition	
NAME	LIPHARD, LINDA			NAME		MATHISO MYRA	205			
STREET ADDRESS	111 SUMIT COURT		4.3 S	TREET	ADDRESS	819 Blvd of Champi	DA>			
CHTY-ST-ZIP	NICEVILLE FL 32578		4.4 0	HY-9	ST-ZIP	Shalimar, FL 325	79			
TITLE	TD	DELETE	5.1 T	ITLE		F1 ()		Change	Addition	
NAME	WATSON, NANCY		5.2 N	IAME		ALFORDS PAULA 28 GEORGIA AVE				
STREET ADDRESS	771 BLVD. OF CHAMPIONS		5.3 S	TREET	ADDRESS	28 GEORGIA AVE				
CITY-ST-ZIP	SHALIMAR FL 32579		5.4 0	ITY-S	ST-ZIP	EGUN AFB FL 32542				
TITLE				ITLE		TD . T		Change	Addition	
NAME	ALFORD, PAULA 62			IAME		Ralanjian, Janice	_			
STREET ADDRESS	T			TREE	T ADDRESS	536 E. Timberlake Dr				
CITY-ST-ZIP					ST-ZIP	28 GEBRUM AVE EGHN AFB FL 32542 TD Ralan Jian, Janice 536 E. Timberlake Dr Mary Esther, FL 32	569			
14. I do hereb	y certify that the information supplied	ed with this filing does not qual	ify for the	ехе	mption s	riated in Section 119.07(3)(1), Florida Statutes	. I Turtner	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										