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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **708588** **(9)**

1. Corporation Name

THE JUNIOR LEAGUE OF FORT WALTON BEACH, INC.

Principal Place of Business	Mailing Address
P.O. BOX 531 FORT WALTON BEACH FL 32549	P.O. BOX 531 FORT WALTON BEACH FL 32549

3. Date Incorporated or Qualified: 03/03/1965

4. FEI Number: 59-2049326 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

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

BARR, HARRY E.
1201 N. ESLIN PKWY
SHALIMAR FL 32579

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	KATRINECA, TERRI		1.2 NAME	Donna Sue Marks	
STREET ADDRESS	443 WATERWAY LANE		1.3 STREET ADDRESS	8 Plew Avenue	
CITY-ST-ZIP	FT WALTON BEACH FL		1.4 CITY-ST-ZIP	Shalimar, Florida 32579	
TITLE	PE	☒ DELETE	2.1 TITLE	PE D	☐ Change ☒ Addition
NAME	MARKS, DONNA SUE		2.2 NAME	Nancy Watson	
STREET ADDRESS	8 PLEW AVENUE		2.3 STREET ADDRESS	771 Blvd. of Champions	
CITY-ST-ZIP	SHALIMAR FL		2.4 CITY-ST-ZIP	Shalimar, Florida 32579	
TITLE	SD	☒ DELETE	3.1 TITLE	T D	☐ Change ☒ Addition
NAME	GHOSH, JERI M.		3.2 NAME	Janice Palanjian	
STREET ADDRESS	902 AVALON LANES		3.3 STREET ADDRESS	536 E. Timberlake Dr.	
CITY-ST-ZIP	SHALIMAR FL		3.4 CITY-ST-ZIP	Mary Esther, FL 32569	
TITLE	SD	☒ DELETE	4.1 TITLE	SD	☐ Change ☒ Addition
NAME	MATHIS, MYRA		4.2 NAME	Cheri Huff	
STREET ADDRESS	819 BLVD. OF CHAMPIONS		4.3 STREET ADDRESS	4416 Windrush Dr.	
CITY-ST-ZIP	SHALIMAR FL		4.4 CITY-ST-ZIP	Niceville, FL 32578	
TITLE	TD	☒ DELETE	5.1 TITLE	SD	☐ Change ☒ Addition
NAME	ALFORD, PAULA		5.2 NAME	Kerrie Carron	
STREET ADDRESS	28 GEORGIA AVENUE		5.3 STREET ADDRESS	1456 Oakmont Place	
CITY-ST-ZIP	EGLIN AFB FL		5.4 CITY-ST-ZIP	Niceville, FL 32578	
TITLE	TD	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	JIAN, JANICE		6.2 NAME		
STREET ADDRESS	536 EAST TIMBERLAKE DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	MARY ESTHER FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: [signature] 2-16-98