FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State
03-01-1999 90012 001 ****61.25

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DOCUMENT # 708588

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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
03/03/1965

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

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	PED	☐ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	NANCY WATSON		1.2 NAME	Nancy Watson	
STREET ADDRESS	771 BLVD OF CHAMPIONS		1.3 STREET ADDRESS	771 Blvd. of Champions	
CITY-ST-ZIP	SHALIMAR FL 32579		1.4 CITY-ST-ZIP	Shalimar, FL 32579	
TITLE	PD	☐ DELETE	2.1 TITLE	PE D	☐ Change ☒ Addition
NAME	MARKS, DONNA SUE		2.2 NAME	Tracey Bethea	
STREET ADDRESS	8 PLEW AVENUE		2.3 STREET ADDRESS	602 Mooney Road	
CITY-ST-ZIP	SHALIMAR FL 32579		2.4 CITY-ST-ZIP	Fort Walton Beach, FL 32547	
TITLE	TD	☐ DELETE	3.1 TITLE	TD	☐ Change ☒ Addition
NAME	JANICE PALANJIAN		3.2 NAME	Janice Palanjian	
STREET ADDRESS	536 E TIMBERLAKE DR		3.3 STREET ADDRESS	536 E. Timberlake Dr.	
CITY-ST-ZIP	MARY ESTHER FL 32569		3.4 CITY-ST-ZIP	Mary Esther, FL 32569	
TITLE	SD	☐ DELETE	4.1 TITLE	SD	☐ Change ☐ Addition
NAME	CHERI HUFF		4.2 NAME	Shellie Henderson	
STREET ADDRESS	4416 WINDRUSH DR		4.3 STREET ADDRESS	709 Forest Street	
CITY-ST-ZIP	NICEVILLE FL 32578		4.4 CITY-ST-ZIP	Destin, FL 32541	
TITLE	SD	☐ DELETE	5.1 TITLE	SD	☐ Change ☒ Addition
NAME	KERRIE CARRON		5.2 NAME	Marion R. Taylor	
STREET ADDRESS	1456 OAKMONT PL		5.3 STREET ADDRESS	413 Roscommon Blvd.	
CITY-ST-ZIP	NICEVILLE FL 32578		5.4 CITY-ST-ZIP	Niceville, FL 32578	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Nancy Watson REQUIRED 1-15-99 850-244-3714
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #