2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708588

1. Entity Name

THE JUNIOR LEAGUE OF FORT WALTON BEACH, INC.

FILED
Mar 09, 2000 8:00 am
Secretary of State
03-09-2000 90098 033 ****61.25

Principal Place of Business	Mailing Address
P.O. BOX 531 FORT WALTON BEACH FL 32549	P.O. BOX 531 FORT WALTON BEACH FL 32549-0531

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BARR, HARRY E. 1201 N. ESLIN PKWY SHALIMAR FL 32579	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NANCY WATSON 771 BLVD OF CHAMPIONS SHALIMAR FL 32579	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TRACEY J. BETHEA 602 MOONEY ROAD FT. WALTON BEACH, FL 32547	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MARKS, DONNA SUE 8 PLEW AVENUE SHALIMAR FL 32579	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MARION R. TAYLOR 413 ROSCOMMON BLVD. NICEVILLE, FL. 32578	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JANICE PALANJIAN 536 E TIMBERLAKE DR MARY ESTHER FL 32569	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ANGELA BALENT 28 COUNTRY CLUB ROAD SHALIMAR, FL. 32579	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CHERI HUFF 4416 WINDRUSH DR NICEVILLE FL 32578	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MARSHA SHANKLIN 90 MARINA COVE NICEVILLE, FL 32578	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KERRIE CARRON 1456 OAKMONT PL NICEVILLE FL 32578	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LORI WARD 106 LAKE LORRAINE CIRCLE SHALIMAR, FL. 32579	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED BETHEA, TRACEY 602 MOONEY ROAD FORT WALTON BEACH FL 32547	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2F037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Angela Balent SIGNATURE REQUIRED 3-4-00 850-244-5121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #