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**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90123 041 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # 711054**

1. Corporation Name

**JUNIOR SERVICE LEAGUE OF BARTOW, INC.**

Principal Place of Business

P.O. BOX 1523  
BARTOW FL 33830  
US

Mailing Address

P.O. BOX 1523  
BARTOW FL 33830  
US



2. Principal Place of Business

21 **Same**

Suite, Apt. #, etc.

22 City & State

23 Zip **33831**

Country

2a. Mailing Address

26 **Same**

Suite, Apt. #, etc.

27 City & State

28 Zip **33831**

Country

3. Date Incorporated or Qualified

**06/21/1966**

4. FEI Number

**59-6200941**

Applied For

Not Applicable

5. Certificate 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

CALANDROS, SHANNA  
1480 S. DAVIS AVE.  
BARTOW FL 33830

10. Name and Address of New Registered Agent

81 Name

**Shanna Calandros**

82 Street Address (P.O. Box Number is Not Acceptable)

**1480 S. Davis Ave.**

83

84 City

**Bartow**

**FL**

85 Zip Code  
**33830**

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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

**Shanna Calandros**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **ADAMS, JENNIFER**

STREET ADDRESS **2195 BARBER DR**

CITY-ST-ZIP **BARTOW FL 33830**

TITLE **VD** ☐ DELETE

NAME **CALANDROS, SHANNA**

STREET ADDRESS **1480 S. DAVIS AVE**

CITY-ST-ZIP **BARTOW FL 33830**

TITLE **TD** ☐ DELETE

NAME **DONNE, PAT D**

STREET ADDRESS **5094 IRONWOOD TR**

CITY-ST-ZIP **BARTOW FL 33830**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/17/99**

Date

**941-533-4292**

Daytime Phone #

CR2E037 (11/98)