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CORPORATION ANNUAL REPORT **1995**

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

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DIVISION OF CORPORATIONS
95 APR 11 AM 9:44

DOCUMENT # 711645 (2)

1. Corporation Name

THE JUNIOR WOMAN'S CLUB OF LAKELAND, FLORIDA, IN C.

Principal Place of Business	Mailing Address
835 1/2 COLLEGE AVENUE P.O. BOX 2604 LAKELAND FL 33806-604 US	835 1/2 COLLEGE AVENUE P.O. BOX 2604 LAKELAND FL 33806-604 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/18/1966
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-6544760 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 1515 Williamsburg Sq	2a. Mailing Address 26 PO Box 2604
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Lakeland Florida	City & State 28 Lakeland Florida
Zip / Country 24 33803 / 25 US	Zip / Country 29 33806 / 30 US

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JACOBS AND VALENTINE 1102 S. FLA. AVE. LAKELAND FL 33803	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 607.0502 and 607.1508, 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 607.0505, 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	D	11 TITLE	☐ Change ☐ Addition
NAME	HANCOCK, LEIGH	12 NAME	
STREET ADDRESS	5030 GREENBROOK LN	13 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	BECK, LITHEA	22 NAME	
STREET ADDRESS	4117 STONEHENGE RD	23 STREET ADDRESS	
CITY-ST-ZIP	MULBERRY FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	NATTKEMPER, LAURIE	32 NAME	
STREET ADDRESS	3821 JADE LN	33 STREET ADDRESS	
CITY-ST-ZIP	MULBERRY FL	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☒ Change ☐ Addition
NAME	SHEPERD, PAM	42 NAME	T Nikki Burzynski
STREET ADDRESS	1621 LESLIE DR	43 STREET ADDRESS	2602 Kiwanis Av
CITY-ST-ZIP	LAKELAND FL	44 CITY-ST-ZIP	Lakeland FL 33801
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	TAVLIN, AMY	52 NAME	
STREET ADDRESS	1044 EUDLID AVE	53 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Nikki Burzynski Nikki Burzynski 4-10-95 813-665-5409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0067078