

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 712237 (7)

1. Corporation Name  
**JUNIOR SERVICE LEAGUE OF DELAND, INC.**



Principal Place of Business: 636 WEST NEW YORK AVENUE, P.O. BOX 1372, DELAND FL 32721-1372  
Mailing Address: 636 WEST NEW YORK AVENUE, P.O. BOX 1372, DELAND FL 32721-1372

3. Date Incorporated or Qualified: 02/09/1967  
3a. Date of Last Report: 04/21/1995

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-6146126	Not Applicable
22	City & State	27	City & State	5	Certificate of Status Desired	\$8.75 Additional Fee Required
					<input type="checkbox"/>	
23	Zip	28	Country	6	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
					<input type="checkbox"/>	
24	Country	29	Zip	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/>	

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

HOWARD, DEBRA G.  
2101 YORKSHIRE DRIVE  
DELAND FL 32724

81 Name: Heidi B. Ott  
82 Street Address (P.O. Box Number is Not Acceptable): 1855 Glenwood Road  
83 P. O. Box 2113  
84 City: DeLand FL 85 Zip Code: 32720

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: Heidi B. Ott (Heidi B. Ott) Treasurer April 26, 1996  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP
VD	HALL, MICHELLE	941 S. VILLAGE LAKE DRIVE	DELAND FL	VD	Dowdy, Jane	340 North Crooked Tree Trail	DeLand, FL
VD	JARRARD, JOAN	926 TORCHWOOD DRIVE	DELAND FL	300001828723			
PD	DELUCA, DENISE	2283 RIVER RIDGE ROAD	DELAND FL	-05/20/96--01033--010			
TD	GRIFFIS, JENNIFER	2057 STRATFORD DRIVE	DELAND FL	***61.25			
PD	INGRAM, DEBBIE	501 LAKE INEZ TRAIL	PIERSON FL	PD	Batten, Susan	P. O. Box 220044 Stone Street	Glenwood, FL
SD	SANDS, KIM	611 CHEROKEE AVENUE	DELAND FL	TD	Ott, Heidi	1855 Glenwood Road	DeLand, FL
PD	INGRAM, DEBBIE	501 LAKE INEZ TRAIL	PIERSON FL	PD	Griffis, Jennifer	2057 Stratford Drive	DeLand, FL
SD	SANDS, KIM	611 CHEROKEE AVENUE	DELAND FL	SD	Rak, Michelle	P. O. Box 952137	Lake Mary, FL

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)(k), 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: Heidi B. Ott Heidi B. Ott April 19, 1996 904-136-7405  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)