

FILE NOW: FILING FEE IS \$61.25

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Jun 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 02/09/1967	3a. Date of Last Report 05/01/1996
4. FEI Number 59-6146126	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent OTT, HEIDI B. 1855 GLENWOOD RD. DELAND FL 32720	
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10. Name and Address of New Registered Agent	
81 Name Jennifer H Kelly	
82 Street Address (P.O. Box Number is Not Acceptable) 2693 Whitehurst Rd	
83	
84 City DELAND	85 Zip Code FL 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 *Jennifer Kelly* **Jennifer Kelly** **6-11-97**
Signature, typed or printed name of registered agent and use if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME DOWDY, JANE	
STREET ADDRESS 340 NORTH CROOKED TREE TRAIL	
CITY-ST-ZIP DELAND FL	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME JARRARD, JOAN	
STREET ADDRESS 926 TORCHWOOD DRIVE	
CITY-ST-ZIP DELAND FL	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME BATTEN, SUSAN	
STREET ADDRESS PO BOX 220044/STONE STREET	
CITY-ST-ZIP GLENWOOD FL	
TITLE TD	<input type="checkbox"/> DELETE
NAME OTT, HEIDI B.	
STREET ADDRESS 1855 GLENWOOD RD.	
CITY-ST-ZIP DELAND FL	
TITLE PD	<input type="checkbox"/> DELETE
NAME GRIFFIS, JENNIFER	
STREET ADDRESS 2057 STRATFORD DR.	
CITY-ST-ZIP DELAND FL	
TITLE SD	<input checked="" type="checkbox"/> DELETE
NAME RAK, MICHELLE	
STREET ADDRESS PO BOX 952137 N/A	
CITY-ST-ZIP LAKE MARY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME SANDS, KIM	
1.3 STREET ADDRESS 611 Cherokee Ave	
1.4 CITY-ST-ZIP DELAND, FL 32724	
2.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME DEBBIE DUNN	
2.3 STREET ADDRESS 510 W Minnassota Ave	
2.4 CITY-ST-ZIP DELAND, FL 32720	
3.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME JENNIFER KELLY	
3.3 STREET ADDRESS 2693 Whitehurst Rd	
3.4 CITY-ST-ZIP DELAND, FL 32720	
4.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME LISA CARTER	
6.3 STREET ADDRESS 19 Tymber Court	
6.4 CITY-ST-ZIP DELAND, FL 32724	

14. I do 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.

SIGNATURE *Jennifer Kelly* **Jennifer Kelly** **6-11-97**

CR2E037 (9/96)