

FILE NOW: FILING FEE IS \$61.25

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Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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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3. Date Incorporated or Qualified 02/09/1967	
4. FEI Number 59-6146126	Applied For <input type="checkbox"/> Yes <input checked="" 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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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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9. Name and Address of Current Registered Agent
KELLY, JENNIFER H.
2693 WHITEHURST RD.
DELAND FL 32720

10. Name and Address of New Registered Agent
81 Name Lisa H. Carter
82 Street Address (P.O. Box Number is Not Acceptable) 19 Tymber Cove
83
84 City DeLand FL 85 Zip Code 32724

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 Lisa H. Carter Treasurer April 19, 1998
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	VD
NAME	SANDS, KIM	1.2 NAME	Wendy Merriman
STREET ADDRESS	611 CHEROKEE AVE	1.3 STREET ADDRESS	227 Lake Winnemissett Drive
CITY-ST-ZIP	DELAND FL	1.4 CITY-ST-ZIP	DeLand, FL 32724
TITLE	VD	2.1 TITLE	
NAME	DUNN, DEBBIE	2.2 NAME	
STREET ADDRESS	510 W. MINNESOTA AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	SP
NAME	KELLY, JENNIFER	3.2 NAME	Mary Ellen Galloway
STREET ADDRESS	2693 WHITEHURST RD.	3.3 STREET ADDRESS	2510 Lake Ruby Rd.
CITY-ST-ZIP	DELAND FL	3.4 CITY-ST-ZIP	DeLand, FL 32724
TITLE	PD	4.1 TITLE	PD
NAME	OTT, HEIDI B.	4.2 NAME	Joan Hurston
STREET ADDRESS	1855 GLENWOOD RD.	4.3 STREET ADDRESS	1745 Glenwood Road
CITY-ST-ZIP	DELAND FL	4.4 CITY-ST-ZIP	DeLand, FL 32720
TITLE	PD	5.1 TITLE	PD
NAME	GRIFFIS, JENNIFER	5.2 NAME	Buffy Williams
STREET ADDRESS	2057 STRATFORD DR.	5.3 STREET ADDRESS	779 Torchwood Drive
CITY-ST-ZIP	DELAND FL	5.4 CITY-ST-ZIP	DeLand, FL 32724
TITLE	SD	6.1 TITLE	TD
NAME	CARTER, LISA	6.2 NAME	
STREET ADDRESS	19 TYMBER COVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	6.4 CITY-ST-ZIP	

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Lisa H. Carter Lisa H. Carter 4/19/98 (904) 724-0947

CR2E037 (10/97)