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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 712237

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	02/09/1967
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-6146126
24 Country	29 Country	Applied For
25	30	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
10. Name and Address of New Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

CARTER, LISA H
 19 TYMBER COVE
 DELAND FL 32724

81 Name: Joan Hurston
 82 Street Address (P.O. Box Number is Not Acceptable): 2321 East New York Avenue
 83 City: DeLand, Florida 32724
 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: *Joan Hurston* **Joan Hurston Treasurer** 4/26/99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VD <input checked="" type="checkbox"/> DELETE	NAME: MERRIMAN, WENDY	1.1 TITLE: VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	1.2 NAME: Dona DeMarsh
STREET ADDRESS: 227 LAKE WINNESMISSETT DR	CITY-ST-ZIP: DELAND FL 32724	1.3 STREET ADDRESS: 2207 Oak Hill Drive	1.4 CITY-ST-ZIP: DeLand, Florida 32720
TITLE: VD <input type="checkbox"/> DELETE	NAME: DUNN, DEBBIE	2.1 TITLE: PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME:
STREET ADDRESS: 510 W. MINNESOTA AVE.	CITY-ST-ZIP: DELAND FL	2.3 STREET ADDRESS:	2.4 CITY-ST-ZIP:
TITLE: SD <input checked="" type="checkbox"/> DELETE	NAME: GALLOWAY, MARY ELLEN	3.1 TITLE: SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	3.2 NAME: Janet Ziebarth
STREET ADDRESS: 2510 LAKE RUBY RD	CITY-ST-ZIP: DELAND FL 32724	3.3 STREET ADDRESS: 939 Village Green Rd	3.4 CITY-ST-ZIP: DeLand, Florida 32720
TITLE: PD <input type="checkbox"/> DELETE	NAME: HURSTON, JOAN	4.1 TITLE: TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME: Joan Hurston
STREET ADDRESS: 1745 GLENWOOD RD	CITY-ST-ZIP: DELAND FL 32720	4.3 STREET ADDRESS: 2321 East New York Avenue	4.4 CITY-ST-ZIP: DeLand, Florida 32724
TITLE: PD <input checked="" type="checkbox"/> DELETE	NAME: WILLIAMS, BUBBY	5.1 TITLE:	5.2 NAME:
STREET ADDRESS: 779 TORCHWOOD DR	CITY-ST-ZIP: DELAND FL 32720	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE: TD <input type="checkbox"/> DELETE	NAME: CARTER, LISA	6.1 TITLE: VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME:
STREET ADDRESS: 19 TYMBER COVE	CITY-ST-ZIP: DELAND FL	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: *Joan Hurston* **SIGNATURE REQUIRED** 4/26/99 904-734-0397
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)