

FILE NOW: FILING FEE IS \$51.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 712552 (9)

1. Corporation Name
THE JUNIOR LEAGUE OF GAINESVILLE, FLORIDA, INCORPORATED



Principal Place of Business: PO BOX 970 GAINESVILLE FL 32602
Mailing Address: PO BOX 970 GAINESVILLE FL 32602

3. Date Incorporated or Qualified: 05/07/1967
3a. Date of Last Report: 08/24/1995

2. Principal Place of Business (21) 2a. Mailing Address (26)

4. FEI Number: 59-6141366
Applied For: Not Applicable

Suite, Apt. #, etc. (22) 27

5. Certificate of Status Desired: \$8.75 Additional Fee Required

City & State (23) 28

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Zip (24) Country (25) Zip (29) Country (30)

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

SABIS, RAMONA
831 NW 42ND TER
GAINESVILLE FL 32605

81 Name: Ramona Chance
82 Street Address (P.O. Box Number is Not Acceptable): 5700 SW 34th ST STE 231
83
84 City: Gainesville FL 85 Zip Code: 32608

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: Ramona Chance DATE: 4/29/96
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	P	<input checked="" type="checkbox"/> DELETE
NAME	KRUGER, BARB	
STREET ADDRESS	2515 NW 20TH ST.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BELL, GARRETT	
STREET ADDRESS	20654 NW 20TH LN.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PETERS, VICKI	
STREET ADDRESS	9308 SW 53RD LASNE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MILLS, MICHELLE	
STREET ADDRESS	9724 SW 55TH RD	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, BETH	
STREET ADDRESS	720 NE BLVD	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	CRAIG, ANA	
STREET ADDRESS	6100 NW 58TH PL	
CITY-ST-ZIP	GAINESVILLE FL	

11 TITLE	President DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Ramona Chance	
13 STREET ADDRESS	5700 SW 34th ST STE 231	
14 CITY-ST-ZIP	Gainesville FL 32608	
21 TITLE	Treasurer DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Melba Fuller	
23 STREET ADDRESS	1102 SW 80th Ter	
24 CITY-ST-ZIP	Gainesville FL 32607	
31 TITLE	President Elect DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Linda Ireland	
33 STREET ADDRESS	1124 NW 12th PL	
34 CITY-ST-ZIP	Gainesville FL 32604	
4.1 TITLE		<input 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	600001863166	
5.4 CITY-ST-ZIP	-06/17/96 --01020--038	
6.1 TITLE	**\$61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(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: Melba J. Fuller DATE: 4/25/96 (352) 332-3945
Signature and typed or printed name of signing officer or director

CR2E037 (12/95)