


FILE NOW: FILING FEE IS \$61.25

FILED
Jan 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 # 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
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3. Date incorporated or Qualified 05/07/1967	Applied For Not Applicable
4. FEI Number 59-6141366	
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	

21. 430-A North main Street	22. Suite, Apt. #, etc.	23. Gainesville FL	24. 32601	25. US	26. Mailing Address	27. Suite, Apt. #, etc.	28. City & State	29. Zip	30. Country
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9. Name and Address of Current Registered Agent

CHANCE, RAMONA
 5700 SW 34TH STREET
 SUITE 231
 GAINESVILLE FL 32608

10. Name and Address of New Registered Agent

81 Name **Linda Ireland**

82 Street Address (P.O. Box Number is Not Acceptable)
1129 NW 12th Place

83

84 City **Gainesville** FL 85 Zip Code **32606**

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 *Linda Ireland* DATE **Jan 12 1998**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P/D NAME CHANCE, RAMONA STREET ADDRESS 5700 SW 34TH STREET #231 CITY-ST-ZIP GAINESVILLE FL 32608	<input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE P NAME BELL, GARRETT STREET ADDRESS 20654 NW 20TH LN. CITY-ST-ZIP GAINESVILLE FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE T/D NAME FULLER, MELBA STREET ADDRESS 1102 SW 80 TERR. CITY-ST-ZIP GAINESVILLE FL 32607	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE D NAME IRELAND, LINDA STREET ADDRESS 11129 NW 12TH PLACE CITY-ST-ZIP GAINESVILLE FL 32606	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
V/D Karen Godley 1920 SW 8th Drive Gainesville, FL 32601	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
T/D Betsey Clemons 6012 NW 114th Place Alachua, FL 32615	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Linda Ireland* **LIRED** DATE: **Jan 12 1998**

CR2E037 (10/97)