FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 738692

1. Corporation Name

2. Principal Place of Business

21

JUNIOR'S CHARITABLE FUND, INC.

Principal Place of Business	Mailing Address	
P.O. BOX 6114	P.O. BOX 6114	
HOLLYWOOD FL 33081	HOLLYWOOD FL 33081	

26

2a. Mailing Address

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90197 044 ****61.25

418813 - 90197 - 44

3. Date Incorporated or Qualifed

04/13/1977



Annied For

Suite, Apt. :	#, etc.	Suite, Apt. #, etc.				FO 43	- 	100 1 01				
22		27				59-17	66058			Applicable		
City & S ate)	City & State				5 Cortifou	te of Status Desired	П	\$8.75 A			
23		28				J. Certificis	te or otatas besired		Fee Red	uired		
Zip	Country	Zip	Coun	try		6. Election	Campaign Financing	П	\$5.00	√tay Be		
24	25	29	30			Trust Fu	and Contribution		Added to	Fees		
	9. Name and Address of Current	Registered Agent	`			10. Name a	and Address of New	Registered	Agent			
				81 1	Name					ļ		
DOMETTA	1.10.00		Ļ									
RONETTA UHL]	82 Street Acdress (P.O. Box Number is Not Acceptable)								
3122 PIERCE ST				83								
HOLLYWOOD FL 33021												
			-		City			FL	- /	J		
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, at 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 at cept the obligations of, Section 617.0503, Florida Statutes.												
office or re	egistered agent, or both, in the State of	Florida/Such change was a los of Section 617-0503 Fig.	uthorized rida Statu	by the tes.⊸	e corpora	ation's board of di	rectors, i nereby acce	sprine appo	manent as reg	Steller		
/ -	The same and a copy of a c	VI Jakons	440	1.	11/				449-6	10		
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	Registered A	agent si	gnature requ	ired when reinstating)		DATE	7.0	\		
12.	OFFICERS AND		13.			ADDITIO	NS/CHANGES TO O	FFICERS A	ND DIRECTO	IS IN 12		
TITLE	PD	☐ DELETE	1.1 TITU	.E					Change	Addition		
NAME	UHL, RONETTA		1.2 NA	Æ								
STREET ADORESS	3122 PIERCE ST.		1.3 STE	REETAC	DORESS							
	HOLLYWOOD FL			Y-ST-Z						i		
CITY-ST-ZIP	VD VD	☐ DELETE	2.1 TIT		<u></u>				Change	Addition		
										_		
NAME	SUZANNE MARTENS		2.2 NA									
STREET ADDRESS	2809 MORNING GLORY LN				DDRESS					ł		
CITY-ST-ZIP	DAVIE FL 33328	- S Ø€LETE	2. 4 CIT		ZIP	0-			Change	Addition		
TITLE	SD	← □#AETE IE	3.1 T/TI			BD	- 2011-20	_	Grange	A		
NAME	DEBRA HUBERT		32 NA			JOANNE DELIZZAWA 1602 ETASTLAKE WA						
STREET ADDRESS	9530 NW 18TH ST		3.3 STF	REET AC	JUNE SU	TO EX C.	MS. Crico		-	{		
CITY-ST-ZIP	PLANTATION FL 33322	<u></u>	3 4. CIT	Y-ST-Z	ZIP	NESTON	FL	<u> 50</u> :	320	- TA dation		
TITLE	TD	₽ ØELETE	4.1 TITI	Æ		TD ,	· A	4.	Change	Addition		
NAME	EILEEN CORONA		4. 2 NA	ME		MARTIN	A HOAKING	ر کی	ا مم ، یم	ا سي		
STREET ADDRESS	4312 GRANT ST		4.3 STF	REET AL					cy LHIU			
CITY-ST-ZIP	HOLLYWOOD FL 33021		4.4 CIT	Y-\$T-Z	IP) S	DAVIE	th 33	333 <u>%</u>				
TITLE		☐ DELETE	5.1 TITI	E					Change	☐ Addition (
NAME			5.2 NA	WE								
STREET ADDRESS			5.3 STF	REET AL	DDRESS							
CITY-ST-ZIP			5.4 CIT	Y-ST-Z	JP							
TITLE		☐ DELETE	6.1 TIT	LE					Change	Addition		
NAME			6.2 NAJ	ME								
STREET ADDRESS			6.3 STF	REETAL	ODRESS							
CITY-ST-ZIP			6.4 CIT	Y-ST-Z	ue							
	partify that the information symplied with	this filing does not qualify for				Section 119 07	(3)(i) Florida Statutes	I further de	ertify that the in	formation		

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 '2 or Block 13 if change, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

OS Perline Phone #3 10 VC