

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 741443 (6)**  
1. Corporation Name  
**THE JUNIOR SERVICE LEAGUE OF BROOKSVILLE, INC.**



Principal Place of Business  
**20 E. LIBERTY ST.  
PO BOX 936  
BROOKSVILLE FL 34605**

Mailing Address  
**20 E. LIBERTY ST.  
PO BOX 936  
BROOKSVILLE FL 34605**

3. Date Incorporated or Qualified **01/25/1978**      3a. Date of Last Report **05/01/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-1232904</b>		Applied For Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
23. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24. Country		29. Country					
25.		30.					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>MOSHER, DONNA 1351 CANDLELIGHT BLVD BROOKSVILLE FL 34601</b>				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when transferring) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHEELS, JENNIFER</b>	1.2 NAME	
STREET ADDRESS	<b>7020 OLD TRILBY RD</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BROOKSVILLE FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHIVELER, LISA</b>	2.2 NAME	
STREET ADDRESS	<b>801 DARBY LN</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BROOKSVILLE FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHAMPAGNE, LEE ANN</b>	3.2 NAME	
STREET ADDRESS	<b>1369 SABRA DR</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BROOKSVILLE FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARRIS, DEBRA</b>	4.2 NAME	
STREET ADDRESS	<b>8454 WEATHERLY RD</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BROOKSVILLE FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOOKER, LAURA</b>	5.2 NAME	
STREET ADDRESS	<b>321 SILAS CT</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SPRING HILL FL</b>	5.4 CITY - ST - ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOSHER, DONNA</b>	6.2 NAME	
STREET ADDRESS	<b>1351 CANDLELIGHT BLVD.</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BROOKSVILLE FL</b>	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: Donna A. Mosher      3-24-96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (12/95)