


FILE NOW: FILING FEE IS \$61.25

FILED

**Jul 08 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 741443
 1. Corporation Name
Junior Service League of Brooksville, Inc.
P.O. Box 936
Brooksville, FL 34601

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified
January 25, 1978

4. FEI Number
59-1232904

Applied For
 Yes Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

Taylor, Sharon O.
13209 Old Crystal River Road
Brooksville, FL 34601

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
100002582911
 83 -07/08/98--01051--012
*****61.25**
 84 City **FL** 85 Zip Code

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	President
STREET ADDRESS		13 STREET ADDRESS	Lovelock, Nancy
CITY-ST-ZIP		14 CITY-ST-ZIP	1114 Bentley Ave. Spring Hill, FL 34608
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	V. P.
STREET ADDRESS		23 STREET ADDRESS	Rogers, Elane
CITY-ST-ZIP		24 CITY-ST-ZIP	516 Howell Ave. Brooksville, FL 34601
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	D
STREET ADDRESS		33 STREET ADDRESS	Fischer, Renee
CITY-ST-ZIP		34 CITY-ST-ZIP	1130 Bentley Ave. Spring Hill, FL 34608
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	D
STREET ADDRESS		43 STREET ADDRESS	Stout, LuAnee
CITY-ST-ZIP		44 CITY-ST-ZIP	621 Prospect Hill CT. Brooksville, FL 34601
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	D
STREET ADDRESS		53 STREET ADDRESS	Holt, Joannah 6048 Schale Kamp Drive
CITY-ST-ZIP		54 CITY-ST-ZIP	Spring Hill, FL 34609 P.O. Box 834, Brooksville, FL 34605
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	T
STREET ADDRESS		63 STREET ADDRESS	Faulkingham, Tina
CITY-ST-ZIP		64 CITY-ST-ZIP	5492 Hope Hill Rd. Brooksville, FL 34601

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.

SIGNATURE: *Nancy E Lovelock* **Nancy E. Lovelock** **6/4/98** **352-596-6220**

CR2E037 (10/97)