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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 741443

1. Corporation Name

THE JUNIOR SERVICE LEAGUE OF BROOKSVILLE, INC.

Principal Place of Business

P.O. BOX 936
 BROOKSVILLE FL 34601

Mailing Address

P.O. BOX 936
 BROOKSVILLE FL 34601



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

01/25/1978

4. FEI Number

59-1232904

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

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)

83

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P DELETE
 NAME LOVELOCK, NANCY
 STREET ADDRESS 1114 BENTLEY AVE.
 CITY-ST-ZIP SPRING HILL FL 34608

TITLE VP DELETE
 NAME ROGERS, ELANE
 STREET ADDRESS 516 HOWELL AVE
 CITY-ST-ZIP BROOKSVILLE FL 34601

TITLE D DELETE
 NAME FISCHER, RENEE
 STREET ADDRESS 1130 BENTLEY AVE
 CITY-ST-ZIP SPRING HILL FL 34608

TITLE D DELETE
 NAME STOUT, LUANEE
 STREET ADDRESS 621 PROSPECT HILL CT
 CITY-ST-ZIP BROOKSVILLE FL 34601

TITLE D DELETE
 NAME HOLT, JOANNAH
 STREET ADDRESS 6048 SCHALE KAMP DR
 CITY-ST-ZIP SPRING HILL FL 34609

TITLE T DELETE
 NAME FAULKINGHAM, TINA
 STREET ADDRESS 5492 HOPE HILL RD
 CITY-ST-ZIP BROOKSVILLE FL 34601

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President Change Addition
 1.2 NAME Elane Rogers
 1.3 STREET ADDRESS 735 Fernwood Dr.
 1.4 CITY-ST-ZIP Brooksville, FL 34601

2.1 TITLE Vice President Change Addition
 2.2 NAME Luanne Stout
 2.3 STREET ADDRESS 621 Prospect Hill Ct.
 2.4 CITY-ST-ZIP Brooksville, FL 34601

3.1 TITLE Coni Young - Corresponding Secretary Change Addition
 3.2 NAME
 3.3 STREET ADDRESS 935 Moonlight Lane.
 3.4 CITY-ST-ZIP Brooksville, FL 34601

4.1 TITLE Sonya Burns Treasurer Change Addition
 4.2 NAME
 4.3 STREET ADDRESS 12232 Greenwood St.
 4.4 CITY-ST-ZIP Spring Hill, FL 34613

5.1 TITLE Nancy Lovelock / Past President Change Addition
 5.2 NAME
 5.3 STREET ADDRESS 1114 Bentley Ave
 5.4 CITY-ST-ZIP Spring Hill, FL 34608

6.1 TITLE Board of Director Change Addition
 6.2 NAME JOHANNA HOLT
 6.3 STREET ADDRESS 6048 Schale Kamp Dr
 6.4 CITY-ST-ZIP Spring Hill, FL 34609

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99
 Date

Daytime Phone #

CR2E037 (11/98)