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 # 755760 (6)

1. Corporation Name

THE JUNIOR LEAGUE OF GREATER WINTER HAVEN, FLORIDA, INC.

Principal Place of Business	Mailing Address
P O BOX 7161 WINTER HAVEN FL 33883	P O BOX 7161 WINTER HAVEN FL 33883

3. Date Incorporated or Qualified: 12/31/1980
3a. Date of Last Report: 03/10/1995

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

4. FEI Number: 59-2068148 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GRAY, KAY
8106 WATERVIEW WAY
WINTER HAVEN FL 33884

10. Name and Address of New Registered Agent

81 Name: Lelia C. Gray
82 Street Address (P.O. Box Number is Not Acceptable): 4509 Ashford Dr SW
83:
84 City: Winter Haven FL 85 Zip Code: 33880

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: Lelia C Gray Treasurer — 4-30-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	HENRY, CINDY		1.2 NAME		
STREET ADDRESS	2300, ALT 27 N. MOUNTAIN LAKE		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL		1.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	GIROUARD, KATHY		2.2 NAME	Kathryn Smith	
STREET ADDRESS	125 12TH ST SE		2.3 STREET ADDRESS	12 Edwards Shore	
CITY-ST-ZIP	WINTER HAVEN FL		2.4 CITY-ST-ZIP	Haines City, FL 33844	
TITLE	SD	☒ DELETE	3.1 TITLE	SD	☐ Change ☒ Addition
NAME	WIRKA, ANNE		3.2 NAME	Mary Ellen Cheney	
STREET ADDRESS	5850 CYPRESS GARDENS BLVD., 302		3.3 STREET ADDRESS	4096 Mahogany Run SE	
CITY-ST-ZIP	WINTER HAVEN FL		3.4 CITY-ST-ZIP	Winter Haven, FL 33884	
TITLE	SD	☒ DELETE	4.1 TITLE	SD	☐ Change ☒ Addition
NAME	DERSHIMER, MARCIE		4.2 NAME	Alisa Weaver	
STREET ADDRESS	1657 17TH STREET NW		4.3 STREET ADDRESS	4026 Cypress Landing South	
CITY-ST-ZIP	WINTER HAVEN FL		4.4 CITY-ST-ZIP	Winter Haven FL 33884	
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CEREKWICKI, TONI		5.2 NAME	500001837005	
STREET ADDRESS	673 LAKE DEXTER CIRCLE		5.3 STREET ADDRESS	-05/23/96--01056--009	
CITY-ST-ZIP	WINTER HAVEN FL		5.4 CITY-ST-ZIP	***61.25	
TITLE	T	☒ DELETE	6.1 TITLE	T	☐ Change ☒ Addition
NAME	GRAY, KAY		6.2 NAME	Lelia Gray	5-23-96
STREET ADDRESS	8106 WATERVIEW WAY		6.3 STREET ADDRESS	4509 Ashford Dr SW	
CITY-ST-ZIP	WINTER HAVEN FL		6.4 CITY-ST-ZIP	Winter Haven FL 33880	

CR2E037 (12/95)

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: Cindy Henry — Cindy Henry — 3/12/96 — 941/676-0332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #