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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 33883-7161

3. Date Incorporated or Qualified: **12/31/1980**
3a. Date of Last Report: **05/23/1996**

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, LELIA C
4509 ASHFORD DRIVE SW
WINTER HAVEN FL 33880

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ 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	VD	☐ DELETE	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	SMITH, KATHRYN		2.2 NAME		
STREET ADDRESS	12 EDWARDS SHORE		2.3 STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY FL 33844		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE	VP	☐ Change ☐ Addition
NAME	CHENEY, MARY ELLEN		3.2 NAME		
STREET ADDRESS	4096 MAHOGANY RUN SE		3.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33884		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE	T	☐ Change ☐ Addition
NAME	WEAVER, ALISA		4.2 NAME		
STREET ADDRESS	4026 CYPRESS LANDING SOUTH		4.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33884		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	~~GEREKWICKI, TONI~~		5.2 NAME		
STREET ADDRESS	~~673 LAKE DEXTER CIRCLE~~		5.3 STREET ADDRESS		
CITY-ST-ZIP	~~WINTER HAVEN FL~~		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GRAY, LELIA		6.2 NAME		
STREET ADDRESS	4509 ASHFORD DRIVE SW		6.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33880		6.4 CITY-ST-ZIP		

Coco, Anna
3750 Great Masterpiece Rd
Lake Wales, FL 33853

Smith, Kathryn
12 Edwards Shore
Haines City, FL 33844

Cheney, ~~Mary Ellen~~ Sara
4096 Mahogany Run, SE
Winter Haven, FL 33884

Cerewicki, Toni
673 Lake Dexter Circle
Winter Haven, FL 33853

Kia Gray
4509 Ashford Dr. SW
Winter Haven, FL 33880

14. I do 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: SIGNATURE REQUIRED 04-08-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0054803

CR2E037 (9/96)