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Jan 30 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 # **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

4. FEI Number: 59-2068148 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 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

GRAY, LELIA C
4509 ASHFORD DRIVE SW
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent

81 Name: Bates, Jayne
82 Street Address (P.O. Box Number is Not Acceptable): 540 Trask Road
83
84 City: Fort Meade **FL** 85 Zip Code: 33841

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: Jayne Bates — Jayne Bates — 1/20/98
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	PD	☐ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	SMITH, KATHRYN		1.2 NAME	Henry, Cindy	
STREET ADDRESS	12 EDIVADS SHORE		1.3 STREET ADDRESS	2300 Alt. 27 North, Mountain Lake	
CITY-ST-ZIP	HANES CITY FL		1.4 CITY-ST-ZIP	Lake Wales, FL 33853	
TITLE	SD	☐ DELETE	2.1 TITLE	VP	☐ Change ☒ Addition
NAME	CHENEY, SARA		2.2 NAME	Gray, Leia	
STREET ADDRESS	4096 MAHOGANY RUN SE		2.3 STREET ADDRESS	4509 Ashford Drive	
CITY-ST-ZIP	WINTER HAVEN FL		2.4 CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE	VP	☒ DELETE	3.1 TITLE	T	☐ Change ☒ Addition
NAME	CEREWICKI, TONI		3.2 NAME	Bates, Jayne	
STREET ADDRESS	673 LAKE DEXTER CIR.		3.3 STREET ADDRESS	540 Trask Road	
CITY-ST-ZIP	WINTER HAVEN FL		3.4 CITY-ST-ZIP	Fort Meade, FL 33841	
TITLE	T	☒ DELETE	4.1 TITLE	S	☐ Change ☒ Addition
NAME	GRAY, KIA		4.2 NAME	Pagan, Jo	
STREET ADDRESS	4509 ASHFORD DR., S.W.		4.3 STREET ADDRESS	713 Lake Eloise Place	
CITY-ST-ZIP	WINTER HAVEN FL		4.4 CITY-ST-ZIP	Winter Haven, FL 33884	
TITLE	T	☐ DELETE	5.1 TITLE	VP	☐ Change ☒ Addition
NAME	COCO, ANNA		5.2 NAME	Bruce, Cindy	
STREET ADDRESS	3750 GREAT MASTERPIECE RD		5.3 STREET ADDRESS	4417 Mahogany Run	
CITY-ST-ZIP	LAKE WALES FL		5.4 CITY-ST-ZIP	Winter Haven, FL 33884	
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		

CR2E037 (10/97)

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: Jayne Bates SIGNATURE REQ Jayne Bates 1/20/98 (941) 687-4010