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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **755760**

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

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)

3. Date Incorporated or Qualifed: 12/31/1980

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

5. Certifcate 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

BATES, JAYNE
540 TRASK RD.
FT. MEADE FL 33841

10. Name and Address of New Registered Agent

81 Name: Megan S. Adams
82 Street Address (P.O. Box Number is Not Acceptable): 149 LK. MARIAM RD. SE.
83:
84 City: WINTER HAVEN FL 85 Zip Code: 33884

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: Megan S. Adams — 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SMITH, KATHRYN 12 EDIVADS SHORE HANES CITY FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Treasurer T D MEGAN S. ADAMS 149 LK. MARIAM RD. S.E. WINTER HAVEN, FLORIDA 33884	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CHENEY, SARA 4096 MAHOGANY RUN SE WINTER HAVEN FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	PD CINDY BRUCE 4417 MAHOGANY RUN WINTER HAVEN, FLORIDA 33884	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HENRY, CINDY 2300 ALT. 27 NORTH MOUNTAIN LAKE LAKE WALES FL 33853	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BATES, JAYNE 540 TRASK RD. FT. MEADE FL 33841	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T COCO, ANNA 3750 GREAT MASTERPIECE RD LAKE WALES FL	☑ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GRAY, LELIA 4509 ASHFORD DRIVE SW WINTER HAVEN FL 33880	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	PD LELIA GRAY 4509 ASHFORD DRIVE SW WINTER HAVEN FLORIDA 3388	☑ Change ☐ Addition

CR2E037 (11/98)

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: Megan S. Adams — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MEGAN S. ADAMS — 4-7-99 (Date) — 941-325-9214 (Daytime Phone #)