2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2004 8:00 am
Secretary of State
03-08-2004 90043 003 ****61.25

DOCUMENT # 755760

1. Entity 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

MOORE CR2E037 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEEDY, ANNE-MARIE
1332 N. LAKE OTIS DR.
WINTER HAVEN FL 33880

7. Name and Address of New Registered Agent

Name Baxter, Cindy

Street Address (P.O. Box Number is Not Acceptable)

120 Selva Vista

City Winter Haven FL Zip Code 33884

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Cynthia F. Baxter Cynthia F. Baxter 2-21-04

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

FILE NOW: FEE IS $61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LEEDY, ANNE-MARIE 1332 N. LAKE OTIS DR. WINTER HAVEN FL 33880	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD COCO, ANNA 3948 TEPLETON RD. LAKE WALES FL 33853	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ■ Addition TD Baxter, Cindy 120 Selva Vista Winter Haven, FL 33884
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GARBER, SHARON 310 ST. LUCIE RD. WINTER HAVEN FL 33884	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BEEBE, TRACY PO BOX 341 WINTER HAVEN FL 33882	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ■ Addition SD Reineke, Teri 351 Hamilton Shore Drive Winter Haven, FL 33881
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WOOD, ANNE 1826 WOODPOINTE DR. WINTER HAVEN FL 33884	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	■ Change ☐ Addition PD Wood, Anne 1826 Woodpointe Dr. Winter Haven FL 33884
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ■ Addition VD George, Marianne 347 Banyan Dr. Winter Haven, FL 33884

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cynthia F. Baxter Cynthia F. Baxter 2-21-04 863-324-9529

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #