SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE [illegible]: [illegible] (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: [illegible])

NONPROFIT CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 10 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 756501 (3)

1. Corporation Name
THE JUNIOR SERVICE LEAGUE OF PANAMA CITY, INC.

Principal Place of Business	Mailing Address
715 DRIFTWOOD DRIVE P. O. BOX 743 PANAMA CITY FL 32402-0743	715 DRIFTWOOD DRIVE P. O. BOX 743 PANAMA CITY FL 32402-0743

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/24/1981
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-6152202 — ☐ Applied For ☐ Not Applicable

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

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LUCY R. LEWIS 4750 COLLEGIATE DR. PANAMA CITY FL 32405	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	TD	1.1 TITLE	TD ☒ Change ☐ Addition
NAME	HOLLINGSWORTH JO ANN	1.2 NAME	COOPER, LILLIAN
STREET ADDRESS	308 BUNKERS COVE RD	1.3 STREET ADDRESS	227 MARLIN CIRCLE, PO. Box 28465
CITY-ST-ZIP	PANAMA CITY FL	1.4 CITY-ST-ZIP	Panama City, FL. 32411-8465
TITLE	PD	2.1 TITLE	PD ☒ Change ☐ Addition
NAME	FARRAR, SUZANNE	2.2 NAME	VICKERY, CAROL
STREET ADDRESS	815 BRANDEIS AVENUE	2.3 STREET ADDRESS	NA P.O. BOX 27142
CITY-ST-ZIP	PANAMA CITY FL	2.4 CITY-ST-ZIP	PANAMA CITY, FL 32411-7142
TITLE	VD	3.1 TITLE	VD ☒ Change ☐ Addition
NAME	VICKERY CAROL	3.2 NAME	POWELL, THERESA
STREET ADDRESS	NA P O BOX 27142	3.3 STREET ADDRESS	3000 KINGS HARBOUR ROAD
CITY-ST-ZIP	PANAMA CITY FL	3.4 CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	SD	4.1 TITLE	SD ☒ Change ☐ Addition
NAME	ABBOTT BARBARA	4.2 NAME	BAER, EVELYN
STREET ADDRESS	2513 W 33RD ST	4.3 STREET ADDRESS	817 BALBOA AVENUE
CITY-ST-ZIP	PANAMA CITY FL	4.4 CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Lillian L. Cooper — June 28 1995 — 904-283-8265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
LILLIAN L. COOPER

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