

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **718147** (2)

1. Corporation Name

JUNIOR LEAGUE OF CLEARWATER-DUNEDIN, INC.



Principal Place of Business

Mailing Address

**129 N. FT. HARRISON AVENUE
CLEARWATER FL 34615**

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CLEARWATER FL 34615**

3. Date Incorporated or Qualified

04/06/1970

3a. Date of Last Report

03/22/1995

2. Principal Place of Business

2a. Mailing Address

21 SAME

26 SAME

4. FEI Number

59-0773585

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

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

**JULIUS J. ZSCHAU
28050 U.S. HIGHWAY 19TH NORTH
SUITE 501
CLEARWATER FL 34621**

81 Name

SAME

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

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PHILLIPS, ELISABETH	
STREET ADDRESS	3 AMBLESIDE DRIVE	
CITY - ST - ZIP	BELLEAIR FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RABON, KATHY	
STREET ADDRESS	107 PARK STREET	
CITY - ST - ZIP	SAFETY HARBOR FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SIMMONS, SARA	
STREET ADDRESS	200 OCALA ROAD	
CITY - ST - ZIP	VELLEAIR FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ROGER, MARY	
STREET ADDRESS	1985 SEVER DRIVE	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BIRCH, JANICE	
STREET ADDRESS	1035 ENISWOOD PARKWAY	
CITY - ST - ZIP	PALM HARBOR FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	JOHNSON, DEANNA	
STREET ADDRESS	800 PONCE DE LEON BLVD	
CITY - ST - ZIP	BELLEAIR FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	VD Judy Cannaday
13 STREET ADDRESS	875 Village Way
14 CITY - ST - ZIP	Palm Harbor, FL 34683
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	President (PD) RABON, KATHY
23 STREET ADDRESS	107 PARK STREET
24 CITY - ST - ZIP	SAFETY HARBOR, FL
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	VD (Comm. VP) Polly Jester
33 STREET ADDRESS	9 Hibiscus Road
34 CITY - ST - ZIP	Belleair, FL 34616
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	VD (Corresponding Secy) Karen Young
43 STREET ADDRESS	1815 Stonebrook Lane
44 CITY - ST - ZIP	Safety Harbor, FL 34695
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	TD SALLY EVANS
53 STREET ADDRESS	1621 Clearview Avenue
54 CITY - ST - ZIP	Clearwater, FL 34622
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	SAME
63 STREET ADDRESS	
64 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:

Deanna Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-96 813-585-6199

Date

Daytime Phone

CR2E037 (12/95)