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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N12286** (3)

1. Corporation Name

JUNIOR SERVICE LEAGUE OF ST. AUGUSTINE, FLORIDA, INC.

Principal Place of Business

Mailing Address

**81 LIGHTHOUSE AVENUE
P.O. BOX 244
ST. AUGUSTINE FL 32085**

**P.O. BOX 244
ST. AUGUSTINE FL 32085-0244**



3. Date Incorporated or Qualified **11/26/1985** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number **59-0879960** Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

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

**USINA-MORSE, CATALINA
81 LIGHTHOUSE AVENUE
ST. AUGUSTINE FL 32084**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **TD
BEACH, MARILYN**
STREET ADDRESS **6530 CR 214**
CITY-ST-ZIP **ST. AUGUSTINE FL**

TITLE ☐ DELETE

NAME **VD
BURKHARDT, DEBBIE**
STREET ADDRESS **508 TWELFTH STREET**
CITY-ST-ZIP **ST. AUGUSTINE FL**

TITLE ☐ DELETE

NAME **VD
HIRD, JACKIE**
STREET ADDRESS **122 LAQUINTA PLACE**
CITY-ST-ZIP **ST. AUGUSTINE FL**

TITLE ☐ DELETE

NAME **TD
WOOD, JANE**
STREET ADDRESS **16 MONTRANO AVENUE**
CITY-ST-ZIP **ST. AUGUSTINE FL**

TITLE ☒ DELETE

NAME **PD
USINA-MORSE, CATALINA**
STREET ADDRESS **14 MOULTRE CREEK CIRCLE**
CITY-ST-ZIP **ST. AUGUSTINE FL**

TITLE ☐ DELETE

NAME **SD
FOWDY, BEVERLY**
STREET ADDRESS **67 SARAGOSSA STREET**
CITY-ST-ZIP **ST. AUGUSTINE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 **Sandra B. Mortham** REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97

Date

(904) 829-0745

Daytime Phone # 6001373

CR2E037 (9/96)