

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 12 PM 11:46

DOCUMENT # **700943** (4)

1. Corporation Name

JUNIOR LEAGUE OF THE PALM BEACHES, INC.

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| Principal Place of Business | Mailing Address |
| 470 COLUMBIA DR SUITE F101 WEST PALM BEACH FL 33409 | 470 COLUMBIA DR SUITE F101 WEST PALM BEACH FL 33409 |

| | |
|---|--|
| 3. Date Incorporated or Qualified 05/12/1960 | 3a. Date of Last Report 02/03/1994 |
| 4. FEI Number 59-0873155 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> | \$68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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

9. Name and Address of Current Registered Agent

ALEXANDER, LARRY B
505 SOUTH FLAGLER DRIVE
SUITE 1100
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE LARRY B. ALEXANDER DATE 4/5/95

12. OFFICERS AND DIRECTORS

| | |
|-----------------|------------------------|
| TITLE | P |
| NAME | ADAMS, PAMELA |
| STREET ADDRESS | 211 N. PALM CIRCLE |
| CITY - ST - ZIP | JUNO FL |
| TITLE | VD |
| NAME | FREEMAN, ROBERTA |
| STREET ADDRESS | 125 BOWSPRIT DR. |
| CITY - ST - ZIP | N. PALM BCH. FL |
| TITLE | VD |
| NAME | CROSS, JODA |
| STREET ADDRESS | 2415 ARVALE RD. |
| CITY - ST - ZIP | WEST PALM BEACH FL |
| TITLE | SD |
| NAME | BURKO, ANGELA |
| STREET ADDRESS | 107 SPINNAKER LANE |
| CITY - ST - ZIP | JUPITER FL |
| TITLE | SD |
| NAME | RILEY, VICKY |
| STREET ADDRESS | 10781 LOCUST STREET |
| CITY - ST - ZIP | PALM BCH. GARDENS FL |
| TITLE | TD |
| NAME | HAWTHORNE, LISA |
| STREET ADDRESS | 4025 BROOK CIRCLE EAST |
| CITY - ST - ZIP | WEST PALM BCH. FL |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | P ROBERTA FREEMAN |
| 1.3 STREET ADDRESS | 125 BOWSPRIT DRIVE |
| 1.4 CITY - ST - ZIP | NORTH PALM BEACH, FL 33408 |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | P-E REBECCA ESIMINGER |
| 2.3 STREET ADDRESS | 717 KITTYHAWK WAY |
| 2.4 CITY - ST - ZIP | NORTH PALM BEACH, FL 33408 |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | VD Nancy Lambrecht |
| 3.3 STREET ADDRESS | 3067 Mammal Circle |
| 3.4 CITY - ST - ZIP | Jupiter, FL 33477 |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | SD Lynda Burgu |
| 4.3 STREET ADDRESS | 19663 Keesable Drive |
| 4.4 CITY - ST - ZIP | TEQUESTA, FL 33469 |
| 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | SD Beth Vandenberg |
| 5.3 STREET ADDRESS | 914 Lookatched Drive North |
| 5.4 CITY - ST - ZIP | Jupiter, FL 33458 |
| 6.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | TD Suzanne Brenner |
| 6.3 STREET ADDRESS | 2400 Subony Drive |
| 6.4 CITY - ST - ZIP | ATLANTA, FL 33462 |

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 110.07(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: Candace D. Cappello TREASURER-Elect DATE 4/5/95 407-689-7590

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CANDACE D. CAPPELLO