

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 700943 (4)
1. Corporation Name

JUNIOR LEAGUE OF THE PALM BEACHES, INC.



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 04/12/1995
4. FEI Number 59-0873155
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

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

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 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

TITLE	PE	<input checked="" type="checkbox"/> DELETE
NAME	ESIMINGER, REBECCA	
STREET ADDRESS	717 KITTYHAWK WAY	
CITY-ST-ZIP	N PALM BEACH FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	FREEMAN, ROBERTA	
STREET ADDRESS	125 BOWSPRIT DR.	
CITY-ST-ZIP	N. PALM BCH. FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LAMBRECHT, NANCY	
STREET ADDRESS	3067 MAINSAIL CIR	
CITY-ST-ZIP	JUPITER FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BURGY, LYNDA	
STREET ADDRESS	19663 KRUEISIDE DR	
CITY-ST-ZIP	TEQUESTA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	VANDENBERG, BETH	
STREET ADDRESS	916 LOXAHATCHEE DR NORTH	
CITY-ST-ZIP	JUPITER FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BRENNER, SUZANNE	
STREET ADDRESS	240 SUDBURY DR	
CITY-ST-ZIP	ATLANTIS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	REBECCA H. ESIMINGER	
1.3 STREET ADDRESS	717 KITTYHAWK WAY	
1.4 CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	
2.1 TITLE	PRESIDENT-ELECT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HEATHER B. DORSEY	
2.3 STREET ADDRESS	6301 WASHINGTON BL.	
2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33405	
3.1 TITLE	COMMUNITY VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MARIA Z. COX	
3.3 STREET ADDRESS	4405 DAVIDSON CIRCLE NORTH	
3.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
4.1 TITLE	RECORDING SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CINDY EBEL	
4.3 STREET ADDRESS	105 WESTWOOD COURT	
4.4 CITY-ST-ZIP	ATLANTIS, FL 33462	
5.1 TITLE	TREASURER/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	CANDACE D. CAPPELLO	
5.3 STREET ADDRESS	8664 DOVERBROOK DRIVE	
5.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
6.1 TITLE	TREASURER-ELECT/D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	CATHERINE CORSON	
6.3 STREET ADDRESS	2188 SE SENGATE LANE	
6.4 CITY-ST-ZIP	SHAWNEE, FL 34997	

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: Candace D. Cappello, TREASURER/D. 1/30/96 407-622-9040
CANDACE D. CAPPELLO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)