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FILED
May 19 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 # 700943 (4)

1. Corporation Name
JUNIOR LEAGUE OF THE PALM BEACHES, INC.



Principal Place of Business 470 COLUMBIA DR SUITE F101 WEST PALM BEACH FL 33409	Mailing Address 470 COLUMBIA DR SUITE F101 WEST PALM BEACH FL 33409-1949
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Zip	25. Country
29. Zip	30. Country

3. Date Incorporated or Qualified 05/12/1960	3a. Date of Last Report 02/02/1996
4. FEI Number 59-0873155	Applied For <input type="checkbox"/> 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	SIMINGER, REGECCA H
STREET ADDRESS	717 KITTYHAWK WAY
CITY-ST-ZIP	NORTH PALM BEACH FL
TITLE	PED <input type="checkbox"/> DELETE
NAME	DORSEY, HEATHER B
STREET ADDRESS	6301 WASHINGTON RD
CITY-ST-ZIP	W PALM BEACH FL
TITLE	CVP <input type="checkbox"/> DELETE
NAME	COX, MARIA Z
STREET ADDRESS	4405 DAFFODIL CIR N
CITY-ST-ZIP	PALM BEACH GARDENS FL
TITLE	RS <input type="checkbox"/> DELETE
NAME	EBGRUY, CINDY
STREET ADDRESS	105 WESTWOOD CT
CITY-ST-ZIP	ATLANTIS FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	CAPPELLO, CANDACE D
STREET ADDRESS	8664 DOVERBROOK DR
CITY-ST-ZIP	PALM BEACH GARDENS FL
TITLE	TED <input type="checkbox"/> DELETE
NAME	CORSON, CATHERINE
STREET ADDRESS	7188 SE SEAGATE LN
CITY-ST-ZIP	STUART FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JENKINS, WANDA F.
1.3 STREET ADDRESS	470 COLUMBIA DRIVE #F101
1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33409
2.1 TITLE	PED <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VANDEBERG, BETH F.
2.3 STREET ADDRESS	470 COLUMBIA DR. #F101
2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33409
3.1 TITLE	CVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BENNETT, DEBORAH P.
3.3 STREET ADDRESS	470 COLUMBIA DR #F101
3.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33409
4.1 TITLE	RS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HISLOP, JULIE S.
4.3 STREET ADDRESS	470 COLUMBIA DR #F101
4.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33409
5.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ISIMINGER, PATRICIA D.
5.3 STREET ADDRESS	470 COLUMBIA DR #F101
5.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33409
6.1 TITLE	TED <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	BRACCI, COLLEEN D.
6.3 STREET ADDRESS	470 COLUMBIA DR #F101
6.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33409

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: Patricia D. Isiminger 4-30-97 561-844-6410

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0040823

CR2E037 (9/96)