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Feb 27, 1999 8:00 am  
Secretary of State

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 700943**

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

05/12/1960

4. FEI Number

59-0873155

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

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

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

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	PD <input type="checkbox"/> DELETE
NAME	JENKINS, WANDA F
STREET ADDRESS	470 COLUMBIA DR #F101
CITY-ST-ZIP	W PALM BCH FL
TITLE	PED <input type="checkbox"/> DELETE
NAME	VANDENBERG, BETH F
STREET ADDRESS	470 COLUMBIA DR #F101
CITY-ST-ZIP	W PALM BCH FL
TITLE	CVP <input type="checkbox"/> DELETE
NAME	BENNETT, DEBORAH P
STREET ADDRESS	470 COLUMBIA DR #F101
CITY-ST-ZIP	W PALM BCH FL
TITLE	RS <input type="checkbox"/> DELETE
NAME	HISLOP, JULIE S
STREET ADDRESS	470 COLUMBIA DR #F101
CITY-ST-ZIP	W PALM BCH FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	ISMINGER, PATRICIA D
STREET ADDRESS	470 COLUMBIA DR #F101
CITY-ST-ZIP	W PALM BCH FL
TITLE	TED <input type="checkbox"/> DELETE
NAME	BRACCI, COLLEEN D
STREET ADDRESS	470 COLUMBIA DR #F101
CITY-ST-ZIP	W 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	Beth Vandenberg
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Lynda Burghy
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Julie Quattlebaum
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Colleen Bracci
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Annis Arasin
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

*Handwritten Signature*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/99

561-655-6931

CR2E037 (11/98)