

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 # 705650 (0)

1. Corporation Name

THE JUNIOR LEAGUE OF GREATER LAKELAND, FLORIDA INCORPORATED

Principal Place of Business

2020 CRYSTAL GROVE DR  
P.O. BOX 2222  
LAKELAND FL 33806-9222

Mailing Address

2020 CRYSTAL GROVE DR  
P.O. BOX 2222  
LAKELAND FL 33806-9222



3. Date Incorporated or Qualified  
05/23/1963

3a. Date of Last Report  
02/16/1995

4. FEI Number  
59-6138219

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.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ATTAWAY, JOHN A., JR.  
202 E. WALNUT ST.  
LAKELAND FL. FL 33801

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 checked="" type="checkbox"/> DELETE
NAME	ALLSOPP, LAURA	
STREET ADDRESS	3751 RAINTREE CT.	
CITY-STATE-ZIP	LAKELAND FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	TAFT, LAURA	
STREET ADDRESS	610 KERHYWOOD	
CITY-STATE-ZIP	LAKELAND FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	KIEFFER, FI	
STREET ADDRESS	529 LAUREL HILL LN.	
CITY-STATE-ZIP	LAKELAND FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BRONSON, TERI	
STREET ADDRESS	1640 ATHENS ST.	
CITY-STATE-ZIP	LAKELAND FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	JOHNS, CYNTHIA	
STREET ADDRESS	4325 HOMEWOOD LANE	
CITY-STATE-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Pam PAGE Lopez	
13 STREET ADDRESS	2129 Benford Ave	
14 CITY-STATE-ZIP	UKIA FL	
21 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Eusie Tart	
23 STREET ADDRESS	2732 Coventry Ave	
24 CITY-STATE-ZIP	UKIA	
31 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Gina Mammel	
33 STREET ADDRESS	746 HANOVER Lane	
34 CITY-STATE-ZIP	LKIA 33813	
41 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	MITCHELL BADCOCK	
43 STREET ADDRESS	3529 Crews Lake Rd	
44 CITY-STATE-ZIP	33813	
51 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Kim Lafferty	
53 STREET ADDRESS	925 Camelot Lane	
54 CITY-STATE-ZIP	LKIA 33813	
61 TITLE	PD Elect	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Suzanne Ellsworth	
63 STREET ADDRESS	8343 Crews Lake Rd	
64 CITY-STATE-ZIP	UKIA 33813	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)