

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 10 1997 8:00am
Secretary of State

DOCUMENT # 705650 (0)

1. Corporation Name

THE JUNIOR LEAGUE OF GREATER LAKELAND, FLORIDA I
NCORPORATED



Principal Place of Business Mailing Address
2020 CRYSTAL GROVE DR 2020 CRYSTAL GROVE DR
P.O. BOX 2222 P.O. BOX 2222
LAKELAND FL 33800-0222 LAKELAND FL 33800-0222

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26 P.O. Box 8797	05/23/1963	02/05/1996
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number	Applied For
23 City & State	28 Lakeland FL	59-6138219	Not Applicable
24 Zip	25 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
29 33806-8797	30 USA	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	Attaway John A., Jr.
82 Street Address (P.O. Box Number is Not Acceptable)	One Lake Morton Drive
83	
84 City	Lakeland
85 Zip Code	FL 33801

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOPEZ, PAM P	1.2 NAME	Bevis, Carol
STREET ADDRESS	2120 BENFORD AVE	1.3 STREET ADDRESS	201 East Belvedere Street
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	Lakeland, FL 33803
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TART, SUSIE	2.2 NAME	Gard, Diane
STREET ADDRESS	2732 COVENTAGE AVE	2.3 STREET ADDRESS	2023 Count Court
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	Lakeland, FL 33813-3286
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAMMEL, GINA	3.2 NAME	Vass, Marsha
STREET ADDRESS	746 HANOVER LANE	3.3 STREET ADDRESS	904 Fairlington Drive
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	Lakeland, FL 33813
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRONSON, TERI	4.2 NAME	Morrow, Lori
STREET ADDRESS	1840 ATHENS ST.	4.3 STREET ADDRESS	4318 Forest Hills Drive
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	Lakeland, FL 33813
TITLE	TD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAFFERTY, KIM	5.2 NAME	Mundy, Marie Stidham
STREET ADDRESS	925 CAMELOT LANE	5.3 STREET ADDRESS	620 East Davidson Street
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	Bartow, FL 33830
TITLE	PDE <input checked="" type="checkbox"/> DELETE	6.1 TITLE	PE/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELLSWORTH, SUZANNE	6.2 NAME	Lafferty, Kim
STREET ADDRESS	3393 CREWS LAKE RD	6.3 STREET ADDRESS	925 Camelot Lane
CITY-ST-ZIP	LAKELAND FL	6.4 CITY-ST-ZIP	Lakeland, FL 33813

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 *[Signature]* DATE *9-2-97*

CR2E037 (4/97)