

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 11 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
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DOCUMENT # **705650** (0)  
1. Corporation Name  
**THE JUNIOR LEAGUE OF GREATER LAKELAND, FLORIDA INCORPORATED**

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| Principal Place of Business<br><b>2020 CRYSTAL GROVE DR<br/>P.O. BOX 8222<br/>LAKELAND FL 33806-8222</b> | Mailing Address<br><b>2020 CRYSTAL GROVE DR<br/>P O BOX 8797<br/>LAKELAND FL 33806-8797<br/>US</b> |
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| 3. Date Incorporated or Qualified<br><b>05/23/1963</b> |
| 4. FEI Number<br><b>59-6138219</b>                     |
| Applied For<br>Not Applicable                          |

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|--|---|
| 2. Principal Place of Business<br>21 <b>2020 Crystal Grove Drive</b> | 2a. Mailing Address<br>26 <b>delete Crystal Grove Drive -</b> |
| Suite, Apt. #, etc.<br>22 <b>delete P.O. Box -</b>                   | Suite, Apt. #, etc.<br>27 <b>P.O. Box 8797</b>                |
| City & State<br>23 <b>Lakeland FL</b>                                | City & State<br>28 <b>Lakeland FL</b>                         |
| Zip<br>24 <b>33801</b>   | Country<br>25 <b>Fla</b>                                      |
| Zip<br>29 <b>33806-8797</b>  | Country<br>30 <b>P.lk</b>                                     |

|  |                                       |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b> |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>    |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                               |                                       |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

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| 9. Name and Address of Current Registered Agent<br><b>ATTAWAY, JOHN A., JR.<br/>ONE LAKE MORTON DR<br/>LAKELAND FL FL 33801</b> | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O., Box Number Is Not Acceptable)<br>83<br>84 City <b>FL</b> 85 Zip Code |
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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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>BEVIS, CAROL<br>201 E BELVEDERE ST<br>LAKELAND FL      | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | Pres-Elect, D<br>Melton, Laurie<br>1717 Pinberry Court<br>Lakeland FL 33803  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>GARD, DIANE<br>2023 COUNT CT<br>LAKELAND FL           | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | PD<br>Lafferty, Kim<br>925 Camelot Lane<br>Lakeland FL 33813                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>VASS, MARSHA<br>904 FAIRLINGTON DR<br>LAKELAND FL     | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | Treas. Elect, D<br>Shivers, Lori<br>4609 Burgundy Place<br>Lakeland FL 33813 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>MORROW, LORI<br>4318 FOREST HILLS DR<br>LAKELAND FL    | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>MUNDY, MARIE STIDHAM<br>620 E DAVIDSON ST<br>BARTOW FL | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>LAFFERTY, KIM<br>925 CAMELOT LNE<br>LAKELAND FL        | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>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.

SIGNATURE: Maria Stidham Mundy, Treasurer 3-1-98 (941)533-4331

CR2E037 (10/97)