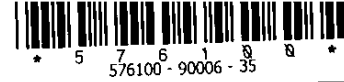


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May 07, 1999 8:00 am
Secretary of State

05-07-1999 90107 001 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 705650 1. Corporation Name THE JUNIOR LEAGUE OF GREATER LAKELAND, FLORIDA INCORPORATED			
Principal Place of Business 2020 CRYSTAL GROVE DR LAKELAND FL 33806-8222 US		Mailing Address P.O. BOX 8797 LAKELAND FL 33806-8797 US	



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		28 Suite, Apt. #, etc.		05/23/1963	
22 City & State		27 City & State		4. FEI Number	
23 Zip		29 Zip		59-6138219	
24 Country		30 Country		5. Certificate of Status Desired	
				☐ \$8.75 Additional Fee Required ☐ \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ATTAWAY, JOHN A., JR. ONE LAKE MORTON DR LAKELAND FL FL 33801		81 Name Janet M. Stuart 82 Street Address (P.O. Box Number is Not Acceptable) One Lake Morton Drive 83 84 City Lakeland FL 85 Zip Code 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 Janet M. Stuart DATE 6-11-99
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PED
NAME	BEVIS, CAROL	1.2 NAME	Cathy Jones
STREET ADDRESS	201 E BELVEDERE ST	1.3 STREET ADDRESS	1450 Hollingsworth Oaks Drive
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	Lakeland, FL 33803
TITLE	PED	2.1 TITLE	PD
NAME	LAWRIE, MELTON	2.2 NAME	Laurie Melton
STREET ADDRESS	1717 PINEBERRY COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33803	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	T
NAME	LAFFERTY, KIM	3.2 NAME	Melanie McClellan
STREET ADDRESS	925 CAMELOT LANE	3.3 STREET ADDRESS	1449 High Vista Drive
CITY-ST-ZIP	LAKELAND FL 33813	3.4 CITY-ST-ZIP	Lakeland, FL 33813
TITLE	TED	4.1 TITLE	TED
NAME	SHIVERS, LORI	4.2 NAME	Adele Morgan
STREET ADDRESS	4609 BURGUNDY PLACE	4.3 STREET ADDRESS	306 Kernwith Road
CITY-ST-ZIP	LAKELAND FL 33813	4.4 CITY-ST-ZIP	Lakeland, FL 33803
TITLE	TD	5.1 TITLE	
NAME	MUNDY, MARIE STIDHAM	5.2 NAME	
STREET ADDRESS	620 E DAVIDSON ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL	5.4 CITY-ST-ZIP	
TITLE	PED	6.1 TITLE	
NAME	LAFFERTY, KIM	6.2 NAME	
STREET ADDRESS	925 CAMELOT LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	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: Deborah Ashworth
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/99 (941) 686 8299
 Date Date/Phone #

CR2E037 (11/98)