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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 I NCORPORATED

576100 - 90006 - 35

Principal Place of Business	Mailing Address
2020 CRYSTAL GROVE DR LAKELAND FL 33806-8222 US	P.O. BOX 8797 LAKELAND FL 33806-8797 US

2. Principal Place of Business 21	2a. Mailing Address 28	3. Date Incorporated or Qualifed 05/23/1963
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6138219 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ATTAWAY, JOHN A., JR.
ONE LAKE MORTON DR
LAKELAND FL. FL 33801

10. Name and Address of New Registered Agent

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PED	☐ Change ☒ Addition
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	☐ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
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	☒ DELETE	3.1 TITLE	T	☐ Change ☒ Addition
NAME	LAFFERTY, KIM		3.2 NAME	Melanie McClellan	
STREET ADDRESS	925 CAMELOT LANE		3.3 STREET ADDRESS	1949 High Vista Drive	
CITY-ST-ZIP	LAKELAND FL 33813		3.4 CITY-ST-ZIP	Lakeland, FL 33813	
TITLE	TED	☒ DELETE	4.1 TITLE	TED	☐ Change ☒ Addition
NAME	SHIVERS, LORI		4.2 NAME	Adele Morgan	
STREET ADDRESS	4609 BURGUNDY PLACE		4.3 STREET ADDRESS	306 Kenwith Road	
CITY-ST-ZIP	LAKELAND FL 33813		4.4 CITY-ST-ZIP	Lakeland, FL 33803	
TITLE	TD	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
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	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LAFFERTY, KIM		6.2 NAME		
STREET ADDRESS	925 CAMELOT LNE		6.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: [illegible] **REQUIRED** — 04/30/99 — (941) 686 8299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #