

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # 707142 (6)  
1. Corporation Name  
THE JUNIOR LEAGUE OF ST. PETERSBURG FLA., INCORPORATED

APPROVED AND FILED  
JUL 10 1994  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
262 4TH AVE., N. ST PETERSBURG FL 33701  
262 4TH AVE., N. ST PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE  
3. Date Incorporated or Qualified 04/14/1964  
3a. Date of Last Report 03/02/1994  
4. FEI Number 59-0759485 Applied For Not Applicable

2. Principal Place of Business  
21 233 3rd St. N.  
22 ~~262 4th Ave. N.~~  
23 ~~St. Petersburg, FL~~  
24 33701  
25  
26 233 3rd St. N.  
27  
28 St. Petersburg FL  
29 33701  
30

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This Corporation has liability for intangible tax under § 100.022, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
LITRELL, VIRGINIA  
262 4TH AVENUE NORTH  
ST PETERSBURG FL 33701

10. Name and Address of New Registered Agent  
81 Name Russell, Carol  
82 Street Address (P.O. Box Number is Not Acceptable) ~~262 4th Avenue North~~ 233 3rd St N  
83  
84 City St. Petersburg FL 85 Zip Code 33701

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Carol Russell  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when recasting) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RUSSELL, CAROL 262 4TH AVENUE NORTH ST PETERSBURG FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LITRELL, VIRGINIA 262 4TH AVENUE NORTH ST PETERSBURG FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BEACH, FELICIA 262 4TH AVENUE N. ST PETERSBURG FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	PD RUSSELL, CAROL 233 3rd St N St Pete, FL 33701 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	VPD Brett, Kim <del>262 4th Avenue North</del> 233 3rd St N St. Petersburg, FL 33701 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	TD Smith, Leslie Ann <del>262 4th Avenue North</del> 233 3rd St N St. Petersburg, FL 33701 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carol Russell  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #