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May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 707142
1. Corporation Name
The Junior League of St. Petersburg, FLA, Incorporated

Principal Place of Business Mailing Address
33 Sixth Street South
ST. Petersburg FL 33701

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip 29 Country 30 Country

3. Date Incorporated or Qualified 3a. Date of Last Report
4/14/64 5/1/96
4. FEI Number Applied For / Not Applicable
59-0759485
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
Kim Brett
33 Sixth St South
ST Petersburg FL 33701

10. Name and Address of New Registered Agent
81 Name Anne Anderson
82 Street Address (P.O. Box Number is Not Acceptable)
83 33 Sixth St South
84 City ST Petersburg FL 85 Zip Code 33701

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 Anne Anderson DATE 5/3/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE PD	NAME Kim Brett <input checked="" type="checkbox"/> DELETE	1.1 TITLE VPD	1.2 NAME Leslie Ann Smith <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		1.3 STREET ADDRESS	33 Sixth St South
CITY- ST- ZIP		1.4 CITY- ST- ZIP	ST Pete FL 33701
TITLE PD	NAME Julie musselman <input checked="" type="checkbox"/> DELETE	2.1 TITLE	2.2 NAME Harriet Dyer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		2.3 STREET ADDRESS	33 Sixth St So
CITY- ST- ZIP		2.4 CITY- ST- ZIP	ST Pete FL 33701
TITLE VPD	NAME Anne Anderson <input type="checkbox"/> DELETE	3.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3.2 NAME	
CITY- ST- ZIP		3.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	900002184989 CS
CITY- ST- ZIP		6.4 CITY- ST- ZIP	-05/20/97--01051--014 5/8/97

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: Anne Anderson DATE 5/3/97 813-895-5018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)