

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 24 1998 8:00am
Secretary of State**

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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



| | |
|---|---|
| Principal Place of Business 33 SIXTH ST SOUTH ST PETERSBURG FL 33701 US | Mailing Address 33 SIXTH ST SOUTH ST PETERSBURG FL 33701 US |
|---|---|

3. Date Incorporated or Qualified
04/14/1964

4. FEI Number
59-0759485

| | |
|----------------|-------------------------------------|
| Applied For | |
| Not Applicable | <input checked="" type="checkbox"/> |

| | |
|--------------------------------|------------------------|
| 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 |
| 24 Country | 29 Country |
| 25 | 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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**ANDERSON, ANNE
33 SIXTH STREET SOUTH
ST PETERSBURG FL 33701**

10. Name and Address of New Registered Agent

81 Name **LESLIE ANN SMITH**

82 Street Address (P.O. Box Number is Not Acceptable)
33 SIXTH STREET SOUTH

83

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 *Leslie Ann Smith* (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | DELETE |
|----------------------------|-------------------------------|-------------------------------------|
| TITLE | VPD | <input checked="" type="checkbox"/> |
| NAME | SMITH, LESLIE A | |
| STREET ADDRESS | 33 SIXTH ST SOUTH | |
| CITY - ST - ZIP | ST PETERSBURG FL 33701 | |
| TITLE | TD | <input checked="" type="checkbox"/> |
| NAME | DYER, HARRIET | |
| STREET ADDRESS | 33 SIXTH ST SOUTH | |
| CITY - ST - ZIP | ST PETERSBURG FL 33701 | |
| TITLE | PD | <input checked="" type="checkbox"/> |
| NAME | ANDERSON, ANNE | |
| STREET ADDRESS | 33 SIXTH ST, SOUTH | |
| CITY - ST - ZIP | ST PETERSBURG FL | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | Change | Addition |
|---|---------------------------------|--------------------------|-------------------------------------|
| 1.1 TITLE | VPD | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 1.2 NAME | MURRAY BEARSTO | | |
| 1.3 STREET ADDRESS | 33 SIXTH ST, SOUTH | | |
| 1.4 CITY - ST - ZIP | ST. PETERSBURG, FL 33701 | | |
| 2.1 TITLE | TD | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2.2 NAME | CHERYL RICHARDSON | | |
| 2.3 STREET ADDRESS | 33 SIXTH ST. SOUTH | | |
| 2.4 CITY - ST - ZIP | ST. PETERSBURG, FL 33701 | | |
| 3.1 TITLE | TD | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3.2 NAME | JILLIAN DOYLE | | |
| 3.3 STREET ADDRESS | 33 SIXTH ST., SOUTH | | |
| 3.4 CITY - ST - ZIP | ST. PETERSBURG, FL 33701 | | |
| 4.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY - ST - ZIP | | | |
| 5.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY - ST - ZIP | | | |
| 6.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.2 NAME | | | |
| 6.3 STREET ADDRESS | | | |
| 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: *Harriet E. Dyer* 813-895-5542

CR2E037 (10/97)