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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 707142

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

04/14/1964

4. FEI Number

59-0759485

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SMITH, LESLIE ANN
33 SIXTH STREET SOUTH
ST PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name Murray Bearisto
82 Street Address (P.O. Box Number is Not Acceptable) 500 23rd Avenue North
83
84 City St. Petersburg FL 85 Zip Code 33704

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 *Murray Bearisto*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BEAIRSTO, MURRAY	
STREET ADDRESS	33 SIXTH ST SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	RICHARDSON, CHERYL	
STREET ADDRESS	33 SIXTH ST SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DOYLE, JULIAN Jillian	
STREET ADDRESS	33 SIXTH ST, SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	President	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	Doyle, Jillian	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	VPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	Herzik, Jan		
4.3 STREET ADDRESS	33 Sixth St, South		
4.4 CITY-ST-ZIP	St. Petersburg FL 33701		
5.1 TITLE	SD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	Caramello, Janet		
5.3 STREET ADDRESS	33 Sixth St, South		
5.4 CITY-ST-ZIP	St. Petersburg, FL 33701		
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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

3.25.99 727-822-1527

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

0062237

CR2E037 (11/98)