## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

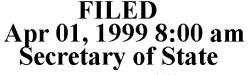
Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # 707142**

## THE JUNIOR LEAGUE OF ST. PETERSBURG FLA., INCORP **ORATED**

Principal Place of Business						
33 SIXTH ST SOUTH						
ST PETERSBURG FL 33701						

Mailing Address



04-01-1999 90023 038 \*\*\*\*61.25

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33 SIXTH ST S ST PETERSBU US		33 SIXTH ST SOUTH ST PETERSBURG FL 33701 US						
2. Principal P	lace of Business	2a. Mailing Address		3. Date Incorporate 04/14/1964	ed or Qualifed			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number 59-0759485			lied For Applicable	
City & State	9	City & State		5. Certificate of Sta	tus Desired	\$8.75 A	dditional	
Zip	Country	Zip Country		6. Election Campai	11	ing \$5.00 May Be		
24	25	29 30			Trust Fund Contribution Added to Fees  10. Name and Address of New Registered Agent			
	9. Name and Address of Current	Registered Agent	81 Nam	е	GRR OF MAN WERISTE	ied Agent		
				Murray t	beair 5to			
F 60		et Address (P.O. Box Number	is Not Acceptable) AVENUE	North				
	33 SIXTH STREET SOUTH		JU AUTA	manua	1401			
SI PETEN	SBURG FL 33701					Ti-lai a		
			84 City	St. Petershu	(a	FL 85 광원	3704	
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 17.0503, Florida Statutes.								
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Regist	tered Agent signatu	e required when reinstating)	DAT	Ē		
12.	OFFICERS AND		13.	ADDITIONS/CHA	NGES TO OFFICERS			
TITLE	VPD	☐ DELETE 1	.1 TITLE	President		Change	☐ Addition	
NAME	BEAIRSTO, MURRAY	1.	.2 NAME					
STREET ADDRESS	33 Sixth St South	1	.3 STREET ADDRES	ss			Ì	
CITY-ST-ZIP	ST PETERSBURG FL 33701		.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·				
TITLE	TD	DELETE 2	A TITLE			☐ Change	☐ Addition	
NAME	-RICHARDSON, CHERYL	2.2 NAME -		,	••			
STREET ADDRESS	33 SIXTH ST SOUTH	2.3 STREET ADDRESS		is			ĺ	
CITY-ST-ZIP	ST PETERSBURG FL 33701		. 4 CITY-ST-ZIP			Change	Addition	
TITLE	TD		ATTRE	The last little as		K⊠ cusude		
NAME	DOYLE, JULIAN Sillian		2 NAME	Doyle, Jillian			ļ	
STREET ADDRESS	33 SIXTH ST, SOUTH		3 STREET ADDRES	S				
CITY-ST-ZIP	ST PETERSBURG FL 33701		I.4. CITY-ST-ZIP	VPD		Change	Maddition	
TITLE		_	. 2 NAME	Herzik, Jan			7	
NAME			.3 STREET ADDRES	باسمان كيسا	South		Ì	
STREET ADDRESS			4 CITY-ST-ZIP	St. Petersburg			ļ	
CITY-ST-ZIP TITLE			A CITT-ST-ZIF	SD	)	☐ Change	Addition	
NAME			.2 NAME	Caramello, J	anet	_ •		
STREET ADDRESS	erent i de t	5	.3 STREET ADDRES		South			
CITY-ST-ZIP	\$18.00 \$ 0± 0	5	.4 CITY-ST-ZIP		va, FL 33-	101	l l	
TITLE	1	☐ DELETE 6	STITLE		<del></del>	☐ Change	☐ Addition	
NAME		6	.2 NAME				į	
STREET ADDRESS		6	3.3 STREET ADDRES	ss				
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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 suppliemental 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:



727 - 822 - 1527