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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 10 PM 12:28

DOCUMENT # **713493** **(5)**

1. Corporation Name

JUNIOR LEAGUE OF CENTRAL & NORTH BREVARD, INC.

Principal Place of Business	Mailing Address
442 MAGNOLIA AVENUE APT. 25 MERRITT ISLAND FL 32952 US	P.O. BOX 538 COCOA FL 32923 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/19/1967
3a. Date of Last Report: 04/29/1994
4. FEI Number: 23-7117325 ☐ 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
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 S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MARY, ZURICK
545 HIBISCUS BLVD
MERRITT ISLAND FL 32952

10. Name and Address of New Registered Agent

31 Name: Tracey Canada
32 Street Address (P.O. Box Number Is Not Acceptable): 539 Hidden Hollow Drive
33:
34 City: Merritt Island, FL 35 Zip Code: 32952

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: Tracey Canada Treasurer 4/4/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	TD ☒ Change ☐ Addition
NAME	MARY, ZURICK	1.2 NAME	Tracey Canada
STREET ADDRESS	545 HIBISCUS	1.3 STREET ADDRESS	539 Hidden Hollow Drive
CITY-ST-ZIP	MERRITT ISLAND FL 32952	1.4 CITY-ST-ZIP	Merritt Island, FL 32952
TITLE	PD	2.1 TITLE	PD ☒ Change ☐ Addition
NAME	CASPER, JUDY	2.2 NAME	Mindy Thompson
STREET ADDRESS	5375 LOVETT DRIVE	2.3 STREET ADDRESS	1418 Gleneagles Way
CITY-ST-ZIP	MERRITT ISLAND FL	2.4 CITY-ST-ZIP	Rockledge, FL 32955
TITLE	SD	3.1 TITLE	SD ☒ Change ☐ Addition
NAME	LINDA, MOLICA	3.2 NAME	Cathy Hanskutt
STREET ADDRESS	2230 COCONUT LANE	3.3 STREET ADDRESS	3172 Winnipeg Court
CITY-ST-ZIP	MERRITT ISLAND FL 32952	3.4 CITY-ST-ZIP	Melbourne, FL 32935
TITLE	VD	4.1 TITLE	VD ☒ Change ☐ Addition
NAME	THOMPSON, MINDY	4.2 NAME	Ann Crane
STREET ADDRESS	1418 GLENEAGLES WAY	4.3 STREET ADDRESS	1690 N. Atlantic Avenue, A506
CITY-ST-ZIP	ROCKLEDGE FL	4.4 CITY-ST-ZIP	Cocoa Beach, FL 32931
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	BETH, MENYART	5.2 NAME	Libby Clark
STREET ADDRESS	1145 OLD PARSONAGE RD	5.3 STREET ADDRESS	1344 Gleneagles Way
CITY-ST-ZIP	MERRITT ISLAND RD FL	5.4 CITY-ST-ZIP	Rockledge, FL 32955
TITLE	D	6.1 TITLE	D ☒ Change ☐ Addition
NAME	SUE, CARNEY	6.2 NAME	Jerilyn Bird
STREET ADDRESS	415 FOOTMAN LENDING	6.3 STREET ADDRESS	1983 S. Rockledge Drive
CITY-ST-ZIP	MERRITT ISLAND FL 32952	6.4 CITY-ST-ZIP	Rockledge, FL 32955

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)(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: Tracey Canada 4/4/95 452-3634
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)