

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **713493** (5)

1. Corporation Name

JUNIOR LEAGUE OF CENTRAL & NORTH BREVARD, INC.



Principal Place of Business 442 MAGNOLIA AVE. APT. 25 MERRITT ISLAND FL 32952	Mailing Address P.O. BOX 538 COCOA FL 32923-0538
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3. Date Incorporated or Qualified 10/19/1967	3a. Date of Last Report 04/24/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	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	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARVILLE, KELLY
205 TRADEWINDS DR.
INDIAN HARBOR BCH. FL 32937**

81 Name Linda Thompson
82 Street Address (P.O. Box Number is Not Acceptable) 1205 Mercedes Drive
83
84 City Merritt Island
85 Zip Code FL 32952

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 Linda A. Thompson LINDA A. THOMPSON DATE 4/7/97

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	TD
NAME	HARVILLE, KELLY	1.2 NAME	Linda Thompson
STREET ADDRESS	205 TRADEWINDS DR.	1.3 STREET ADDRESS	1205 Mercedes Drive
CITY-ST-ZIP	INDIAN HARBOR BCH. FL 32937	1.4 CITY-ST-ZIP	Merritt Island, FL 32952
TITLE	SD	2.1 TITLE	PED
NAME	BRAMLEY, JENNIFER	2.2 NAME	Terri Arnold
STREET ADDRESS	1227 SUGAR CREEK LN.	2.3 STREET ADDRESS	515 Harwood Avenue
CITY-ST-ZIP	ROCKLEDGE FL 32955	2.4 CITY-ST-ZIP	Satellite Beach, FL 32937
TITLE	VD	3.1 TITLE	SD
NAME	HANSKUTT, CATHY	3.2 NAME	Denette Frazier
STREET ADDRESS	3172 WINNIPEG CT.	3.3 STREET ADDRESS	2740 Cozumel Drive #314
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	Melbourne, FL 32935
TITLE	PD	4.1 TITLE	RSD
NAME	CRANE, ANN	4.2 NAME	Eileen Lundy
STREET ADDRESS	1890 N. ATLANTIC AVE., A506	4.3 STREET ADDRESS	240 Alameda Drive
CITY-ST-ZIP	COCOA BEACH FL	4.4 CITY-ST-ZIP	Merritt Island, FL 32952
TITLE	VD	5.1 TITLE	TED
NAME	CLARK, LIBBY	5.2 NAME	Tanya Knappman
STREET ADDRESS	1344 GLENEAGLES WAY	5.3 STREET ADDRESS	975 Oak Street
CITY-ST-ZIP	ROCKLEDGE FL	5.4 CITY-ST-ZIP	Merritt Island, FL 32953
TITLE	PD	6.1 TITLE	
NAME	BIRD, JERILYN	6.2 NAME	
STREET ADDRESS	1983 S. ROCKLEDGE DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL	6.4 CITY-ST-ZIP	

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.

CR2E037 (9/96)