

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90051 041 ****61.25

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DOCUMENT # 713493

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



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

3. Date Incorporated or Qualified
10/19/1967

4. FEI Number
23-7117325

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

9. Name and Address of Current Registered Agent

THOMPSON, LINDA
1205 MERCEDES DR
MERRITT ISLAND FL 32952

10. Name and Address of New Registered Agent

81 Name **DAWN M. KALAKAY, CPA**
82 Street Address (P.O. Box Number is Not Acceptable)
832-A Angela Av
83
84 City **Rockledge** FL 85 Zip Code **32955**

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

[Signature] **Kalakay CPA Treas - elect** **1-19-99**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	THOMPSON, LINDA	
STREET ADDRESS	1205 MERCEDES DR	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	PED	<input checked="" type="checkbox"/> DELETE
NAME	ARNOLD, TERRI	
STREET ADDRESS	515 HARWOOD AVE	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FRAZIER, DENETTE	
STREET ADDRESS	140 S 27TH ST #4	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	RSD	<input checked="" type="checkbox"/> DELETE
NAME	LUNDY, EILEEN	
STREET ADDRESS	240 ALAMEDA DR	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CLARK, LIBBY	
STREET ADDRESS	1344 GLENEAGLES WAY	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BIRD, JERILYN	
STREET ADDRESS	1983 S. ROCKLEDGE DR.	
CITY-ST-ZIP	ROCKLEDGE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TAMIA KNAPPMAN	
1.3 STREET ADDRESS	975 OAK ST	
1.4 CITY-ST-ZIP	MERRITT ISLAND, FL 32953	
2.1 TITLE	PED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LINDA MOLICA	
2.3 STREET ADDRESS	2230 COCONUT LN.	
2.4 CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	AMY LEASURE	
3.3 STREET ADDRESS	4 COUNTRY CLUB RD.	
3.4 CITY-ST-ZIP	COCOA BEACH, FL 32931	
4.1 TITLE	RSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	RACHEL BACHAND	
4.3 STREET ADDRESS	2919 INDIAN RIVER DR.	
4.4 CITY-ST-ZIP	COCOA, FL 32922	
5.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ANN KIRK	
5.3 STREET ADDRESS	1095 CARRIGAN BLVD.	
5.4 CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
6.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	TERRI ARNOLD	
6.3 STREET ADDRESS	515 HARWOOD AVE.	
6.4 CITY-ST-ZIP	SATELLITE BEACH, FL 32937	

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] **Kalakay CPA Treas - Elect** **1-19-99** **407-636-0426**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)