FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 721928 (0)

1. Corporation Name

JUNIOR LEAGUE OF GREATER FORT LAUDERDALE, INC.

Principal Place of Business	Mailing Address
704 S.E. 1ST STREET FT LAUDERDALE FL 33301	704 S.E. 1ST STREET FT LAUDERDALE FL 33301

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

3. Date Incorporated or Qualified: 10/21/1971
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-0932711 ☐ 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

MAHONEY, HEIDI
711 SOUTH RIO VISTA BOULEVARD
FORT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name: Mary Cooney
82 Street Address (P.O. Box Number is Not Acceptable): 704 S.E. 1 Street
83
84 City: Ft Lauderdale **FL** 85 Zip Code: 33301

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: Mary Cooney Mary Cooney 4/29/96
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	PD	☒ DELETE
NAME	MOODY, HOLLY	
STREET ADDRESS	2590 NORTHEAST 43RD STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	VD	☒ DELETE
NAME	BUITRON, HEIDI	
STREET ADDRESS	330 NORTHWEST 32 COURT	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	AVD	☒ DELETE
NAME	CAMP, MARIE	
STREET ADDRESS	652 NORTH RIO VISTA BOULEVARD	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	VD	☒ DELETE
NAME	STORRS, SUSAN	
STREET ADDRESS	1701 NORTHEAST 26TH AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	SD	☒ DELETE
NAME	MAHONEY, HEIDI	
STREET ADDRESS	711 SOUTH RIO VISTA BOULEVARD	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	TD	☒ DELETE
NAME	MANDRAGONA, SUZANNE	
STREET ADDRESS	1330 NORTHWEST 108 AVENUE	
CITY-ST-ZIP	CORAL SPRINGS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	Heidi Buitron	
1.3 STREET ADDRESS	704 S.E. 1 Street	
1.4 CITY-ST-ZIP	Ft Lauderdale, Fl 33301	
2.1 TITLE	VD	☒ Change ☐ Addition
2.2 NAME	Nanette Rudolf	
2.3 STREET ADDRESS	704 S.E. 1 Street	
2.4 CITY-ST-ZIP	Ft Lauderdale, Fl 33301	
3.1 TITLE	AVD	☒ Change ☐ Addition
3.2 NAME	Susan Storrs	
3.3 STREET ADDRESS	704 SE. 1 street	
3.4 CITY-ST-ZIP	Ft Lauderdale, Fl 33301	
4.1 TITLE	VD	☒ Change ☐ Addition
4.2 NAME	Marie Camp	
4.3 STREET ADDRESS	704 SE. 1 street	
4.4 CITY-ST-ZIP	Ft Lauderdale, Fl 33301	
5.1 TITLE	MSD	☒ Change ☐ Addition
5.2 NAME	Mary Cooney	
5.3 STREET ADDRESS	704 SE 1 street	
5.4 CITY-ST-ZIP	Ft Lauderdale, Fl 33301	
6.1 TITLE	TD	☒ Change ☐ Addition
6.2 NAME	Carol Fox	
6.3 STREET ADDRESS	704 S.E. 1 street	
6.4 CITY-ST-ZIP	Ft Lauderdale, Fl 33301	

CR2E037 (12/95)

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)(k), 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: Carol Fox, Treasurer 4/27/96 (954) 462-1350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #