SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25)

NONPROFIT
CORPORATION
ANNUAL REPORT
1998

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

FILED
Oct 08 1998 8:00am
Secretary of State

DOCUMENT # **721928** **(0)**

1. Corporation Name

JUNIOR LEAGUE OF GREATER FORT LAUDERDALE, INC.

Principal Place of Business

704 S.E. 1ST STREET
FT LAUDERDALE FL 33301

Mailing Address

704 S.E. 1ST STREET
FT LAUDERDALE FL 33301

3. Date Incorporated or Qualified
10/21/1971

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

7. Is this nonprofit corporation a homeowners association? [ ] Yes [✓] No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [✓] No

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

9. **Name and Address of Current Registered Agent**

COONEY, MARY
704 S.E. 1ST STREET
FORT LAUDERDALE FL 33301

10. **Name and Address of New Registered Agent**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ DATE
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VD	[ ] DELETE
NAME	JOHNSON, KRISTEN	
STREET ADDRESS	704 SE 1ST ST	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	PD	[ ] DELETE
NAME	RUDOLF, NANETTE	
STREET ADDRESS	704 SE 1ST ST	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	VD	[ ] DELETE
NAME	KATTERHENRY, JANE	
STREET ADDRESS	704 SE 1ST ST	
CITY-ST-ZIP	FT LAUDERALE FL	
TITLE	VD	[ ] DELETE
NAME	PAYNE, ANN	
STREET ADDRESS	704 SE 1ST ST	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	SD	[ ] DELETE
NAME	KENNEDY, JENNIFER	
STREET ADDRESS	704 SE 1ST ST	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	TD	[ ] DELETE
NAME	CAST, CINDY	
STREET ADDRESS	704 SE 1ST ST	
CITY-ST-ZIP	FT. LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	[✓] Change [ ] Addition
1.2 NAME	Ann Payne	
1.3 STREET ADDRESS	704 SE 1st St.	
1.4 CITY-ST-ZIP	ft. Lauderdale, fl	
2.1 TITLE	VD	[✓] Change [ ] Addition
2.2 NAME	Sue Funr	
2.3 STREET ADDRESS	704 SE 1st st.	
2.4 CITY-ST-ZIP	ft. Lauderdale, fl	
3.1 TITLE	VD	[✓] Change [ ] Addition
3.2 NAME	Beth Winterholler	
3.3 STREET ADDRESS	704 SE 1st St.	
3.4 CITY-ST-ZIP	ft. Laud., fl	
4.1 TITLE	VD	[✓] Change [ ] Addition
4.2 NAME	Susan Spragg	
4.3 STREET ADDRESS	704 SE 1st St.	
4.4 CITY-ST-ZIP	ft. Laud. fl	
5.1 TITLE	SD	[✓] Change [ ] Addition
5.2 NAME	Tracy Carroll	
5.3 STREET ADDRESS	704 SE 1st St.	
5.4 CITY-ST-ZIP	ft. Laud. fl	
6.1 TITLE	TD	[✓] Change [ ] Addition
6.2 NAME	Anne Benton	
6.3 STREET ADDRESS	704 SE 1st St.	
6.4 CITY-ST-ZIP	ft. Laud. fl	

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.

SIGNATURE: Anne Benton Anne Benton 9/30/98 954-462-1350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/98)