FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Jun 17 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State **
DIVISION OF CORPORATIONS

1997
DOCUMENT #

738692

(3)

JUNIOR'S CHARITABLE FUND, INC.							
Principal Place of Business Mailing Address							
P.O. BOX 6114 HOLLYWOOD FL 33081 P.O. BOX 6114 HOLLYWOOD FL 33081							
						3. Date Incorporated or Qualified	
2. Principal Pla	sce of Business	2a. Mailing Address				4. FEI Number Applied For S9-1766058 Not Applied by	
21		26				Not Applicable \$8.75 Additional	
Suite, Apt. #	¥, etc.	27 Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be	
23		28	¬ ´			Trust Fund Contribution Added to Fees	
Zip				ıntry		8. This corporation has liability for intangible tax under s. 199.032,	
24	25	29	30	·		Florida Statutes Yes No	
	9. Name and Address of Curren	it Registered Agent		04	4.1	10. Name and Address of New Registered Agent	
				81	Name		
BENSON, NORMA 1831 N. 54 AVE				62	Street Address (P.O. Box Number is Not Acceptable)		
				63			
HOLLY	VOOD FL 33021			83			
1				84	City	FL 85 Zip Code	
44 Durauant t	o the provisions of Sections 617.050	2 and 617 1508 Florida State	itee the a	hove	a-named (
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 em familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AN		13.	u Age		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	DELETE	1.1 T	ITLE	ח	Vice president. Dehange Addition	
NAME	PARKER, HONF	•	1.2 N	AME	ワ	I KOMPHA (AIN	
STREET ADDRESS	2815 MORNING GLORY LAN	E	1.3 S	TREET	ADDRESS	3122 Piercest	
CITY-ST-ZIP	DAVIE FL 33328		1.4 0	17Y-S	IT-ZIP	Hollywood PC 33021	
TITLE	†D	DELETE	2.1 T	ITLE	D	SCOCHAM Change L Addition	
NAME	HOLLAND, LORBAINE		2.2 N	AME		Carol Mullen	
STREET ADDRESS	4214 FILMORE STREET		2.3 S	TREET	ADDRESS	6561 SW BYCT	
CITY-ST-ZIP	HOLLYWOOD FL	<u> </u>			ST-ZIP	mirana, fi 33023 Change Addition	
TITLE	PD	☐ DELETE	3.1 ₹		ପା	☐ Change ☐ Addition	
NAME	BENSON, NORMA		3.2 N			same	
STREET ADDRESS	1831 N. 54TH AVE.				ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL	DELETE		JILY+3 (TLE	ST-ZIP	TREADURE Addition	
TITLE	MITCHELL, ELIZABETH	FIII DECEIL	4	NAME	P	Elizabeth Mitchell 1801 N 52 AVE. HOLLY WOOD FI Change Addition	
NAME STREET ADDRESS	1801 NORTH 52 AVE				ADDRESS	Elizabeth minous	
CITY-ST-ZIP	HOLLYWOOD FL				ST-ZIP	1/801 N 52 AVE	
TITLE	TIOLET WOOD TE	DELETE	5.1 1		2"	Change Addition	
NAME			5.2 N	IAME		HOLLY WOOD FI Change Addition	
STREET ADDRESS			5.3 9	TREET	ADDRESS		
CITY-ST-ZIP			5.4 0	ITY-S	ST-ZIP		
TITLE		☐ DELETE	6.1 T	17LE		Change Addition	
NAME			6.2 N	IAME			
STREET ADDRESS			6.3 9	TREET	ADDRESS		
CITY-ST-ZIP			6.40	ITY-S	ST - ZIP		
14. I do hereby certify that the information supplied with this fling 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.							