

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 # 748546 (9)
1. Corporation Name
JUNIOR ACHIEVEMENT OF NORTH CENTRAL FLORIDA, INC



Principal Place of Business
**3400 SW 60 AVE
OCALA FL 34474
US**

Mailing Address
**PO BOX 770207
OCALA FL 34477-0207
US**

3. Date Incorporated or Qualified 08/16/1979	3a. Date of Last Report 04/19/1995
4. FEI Number 59-1980335	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26 15201 Roosevelt Blvd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 102
City & State 23	City & State 28 Clearwater, Florida
Zip 24	Zip 29 34620
Country 25	Country 30 Pinellas

9. Name and Address of Current Registered Agent

**CROUCH, T. ALLEN
113 N.E. 16TH AVENUE
GAINESVILLE FL 32601**

10. Name and Address of New Registered Agent

81 Name Richard George
82 Street Address (P.O. Box Number is Not Acceptable) 15201 Roosevelt Blvd.
83 Suite 102
84 City Clearwater
85 Zip Code FL 34620

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 typed or printed name of registered agent and of applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/7/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO THOMPSON, BILL STATE ROAD 26 GAINESVILLE FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5414 N.W. 54th Drive Gainesville FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST YOUNG, DAVID A 334 NW 3 AVE OCALA FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WARREN, JANICE 4650 SO SUNCOAST BLVD HOMOSASSA SPGS FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SCOGGINS, ELAINE 2627 NW 43 STR GAINESVILLE FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIVENGOD, LAURA 3400 SW 60TH AVE OCALA FL <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Interim P Beach, Donna 4445 S.W. 35 Terrace Gainesville, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GILMAN, STEVE H JR 1100 SW 1 AVE OCALA FL <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Elaine D. Scoggins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-96
Date

(904)338-6639
Daytime Phone #

CR2E037 (12/95)