

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 # N03759 (0)
1. Corporation Name
CHARLOTTE COUNTY JUNIOR DEPUTY LEAGUE, INC.



Principal Place of Business
**3334 MIDDLETOWN ST
PORT CHARLOTTE FL 33952
US**

Mailing Address
**P.O. BOX 445
PUNTA GORDA FL 33951**

3. Date Incorporated or Qualified
06/19/1984

3a. Date of Last Report
06/30/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 03-0000806		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24 Country		29 Country		30			

9. Name and Address of Current Registered Agent

**REILLY, MARY R
3334 MIDDLETOWN ST
P.O. BOX 445
PORT CHARLOTTE FL 33952**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REISINGER, FRANK	1.2 NAME	
STREET ADDRESS	2341 TALBROOK TER.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HARBOUR HEIGHTS FL	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULLER, LYNN	2.2 NAME	
STREET ADDRESS	25431 TEVESINE CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REISINGER, SHARON	3.2 NAME	
STREET ADDRESS	2341 TALBROOK TERR	3.3 STREET ADDRESS	
CITY-ST-ZIP	HARBOUR HEIGHTS FL	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PABON, JERRY	4.2 NAME	
STREET ADDRESS	232 SHORELAND ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REILLY, MARY R	5.2 NAME	
STREET ADDRESS	3334 MIDDLETOWN ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, BRIAN	6.2 NAME	
STREET ADDRESS	27140 PARTIN DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	6.4 CITY-ST-ZIP	

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: *Lynn L. Fuller*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96 (941) 766-9663
Date Daytime Phone #

CR2E037 (12/95)