## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**NONPROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(O)

CHARLOTTE COUNTY JUNIOR DEPUTY LEAGUE, INC.

Principal Plac	e of Business	Mailing Address				81618 1861 84611 83811 81911 81811 81811 81811 8681
3334 MIDDLETOWN ST PORT CHARLOTTE FL 33952 US		P.O. BOX 445 PUNTA GORDA FL 33951		DO NOT WE	RITE IN THIS SPACE	
					3. Date Incorporated or Qualifi 06/19/1984	3a, Date of Last Report 04/30/1996
2. Principal Place of Business 28. Mail		2a. Mailing Address	Mailing Address Po Box ちしくり		4. FEI Number 03-0000806	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State			Election Campaign Financin     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Countr	у	a. This corporation owes or ha	s paid the current year Intangible
24	25 Name and Address of Curren	29	30]		Personal Property Tax due - 10. Name and Address of New	
	9. Name and Address of Curren	it negletored Agent	81	Name	10, Name and Address of Nev	, undiatoron Walle
	MARY R		82		Address (P.O. Box Number is Not Acce	eptable)
3334 MIDDLETOWN ST P.O. BOX 445			83	<del> </del>		
PORT C	HARLOTTE FL 33952		84	City		FL 85 Zip Code
office or r	registered agent, or both, in the State in familiar with, and accept the obliging MARUR TA Rej'/	of Fiorida. Such change wa ations of, Section 617.0503,	s authorized b Florida Statute	y the corp es.	corporation submits this statement for to poration's board of directors. I hereby a required when reinstating)	ccept the appointment as registered
	Signature, typeli or printed name of registered age OFFICERS ANI			ont signature		DATE .
12. TITLE	PD	DELETE	13.		<b>D</b>	FFICERS AND DIRECTORS IN 12  Change X Addition
NAME	REISINGER, FRANK		1.2 NAME	)	ALL AND COST VITO	$\sim$ $T$
STREET ADDRESS	0044 TALDDOON TED		1.3 STREET ADDRESS		20183 Hamiltons AV	<u> </u>
CITY+ST-ZIP	HARBOUR HEIGHTS FL		1.4 CITY-ST-ZIP		2018 2 Hamiltons AV Port Charlotte, FC 3395	
TITLE			2.1 TITLE	31-211	D	Change M Addition
NAME	Fuller, Lynn		2.2 NAME		DAVID Caparo.	- · · · · · · · · · · · · · · · · · · ·
STREET ADDRESS	25431 TEVESINE CT		2.3 STREE	T ADDRESS	317 Santa Marie	
CITY-ST-ZIP	DINTA CODO EI		2. 4 CITY	ST-ZiP	Punta Gorda, FC 3391	<b>5</b> 0
TITLE	D	DELETE	3.1 TITLE			Change Addition
NAME	REISINGER, SHARON		3.2 NAME			•
STREET ADDRESS	2341 TALBROOK TERR		3.3 STREE	T ADDRESS		
CITY-ST-ZIP	HARBOUR HEIGHTS FL		3.4. CITY	ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME	PABON, JERRY		4. 2 NAME	.		
STREET ADDRESS	232 SHORELAND ST		4.3 STREE	T ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL		4.4 C(TY-			
TITLE	S DENIA MADV D	DELETE	5.1 TITLE	1		Change Addition
NAME	REILLY, MARY R		5.2 NAME	1		
STREET ADDRESS	3334 MIDDLETOWN ST			T ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL	Desert	5.4 CITY -			Obanas 1 4220.
TITLE	D Harrison, Brian	DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME	LIADRIOUN, ORIAN		6.2 NAME			
STREET ADDRESS	27140 PARTIN DR			T ADDRESS		

14. I do 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.

**FILED** 

Aug 12 1997 8:00am

Secretary of State