FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 26 PM 3:45

DOCUMENT # N40488 (1)

1. Corporation Name
JUNIOR LEAGUE OF INDIAN RIVER, INC.

Principal Place of Business	Mailing Address
3675 20TH STREET VERO BCH. FL 32960 US	P O BOX 3008 VERO BEACH FL 32964-0008

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/22/1990
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-3042966 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 925 7th AVE	26 P. O. BOX 3008
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: VERO BEACH, FL	28 City & State: VERO BEACH, FL
24 Zip: 32960 25 Country: USA	29 Zip: 32964-3008 30 Country

9. Name and Address of Current Registered Agent

NELSON, ELOISE R.
880 OYSTER SHELL LANE
VERO BEACH FL 32963

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	TREASURER/D	☐ Change ☒ Addition
NAME	WALKER, ELLEN	1.2 NAME	ELOISE R. NELSON	
STREET ADDRESS	1346 RIVER RIDGE DRIVE	1.3 STREET ADDRESS	880 OYSTER SHELL LN.	
CITY-ST-ZIP	VERO BEACH FL 32963	1.4 CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	D	2.1 TITLE	TREASURER ELECT/D	☐ Change ☒ Addition
NAME	EDWARDS, KATHY	2.2 NAME	ANDREA THURN	
STREET ADDRESS	536 POINT LANE	2.3 STREET ADDRESS	1300 INDIAN MOUND TRAIL	
CITY-ST-ZIP	VERO BEACH FL 32963	2.4 CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	DOWNEY, LINDA	3.2 NAME		
STREET ADDRESS	1325 LITTLE HARBOUR LANE	3.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32963	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	HANLEY, ELIZABETH	4.2 NAME		
STREET ADDRESS	P.O. BOX 3082 N/A	4.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32964	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	CONWAY, SUZANNE	5.2 NAME		
STREET ADDRESS	321 21 STREET SUITE 3C	5.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32963	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	WILCOX, LISA	6.2 NAME		
STREET ADDRESS	725 36TH AVENUE	6.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32960	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: Eloise R Nelson ELOISE R. NELSON, TREASURER 1/17/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Daytime Phone # (407)563-9287

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