FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	DIVISION OF CO	PORATIONS				
DOCUMENT # N40488 (1)							
JUNIO	R LEAGUE OF INDIAN RIVER	L INC.					
		, 1140-			A TRANSPIR BIT BITER BERNE BERNE FRANCISCO	ika Bada Bada Bada da	Ridit Bidit (88)
Principal Place of Business Mailing Address							
925 7TH AV	=	-					
VERO BEAC		P O BOX 3008 VERO BEACH FL 32964-30	08	į			
US		US	••	ļ	3. Data languagested at O with a	10-5	
A D :		T			3. Date Incorporated or Qualified 10/22/1990	3a. Date of Last (01/26/19	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	 + -	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			59-3042966		lot Applicable
22		27			5. Certificate of Status Desired	1 1	Additional Required
City & Stati	e	City & State			Election Campaign Financing Trust Fund Contribution		May Be
Zip	Country	Zip	Country		8. This corporation has liability for inta	ingible tax under s.	199.032,
24	9. Name and Address of Current F	29 3	0]			Yes 🔀 No	
	5. Home and Address of Carrell P	registered Agent	81 Name		10. Name and Address of New Reg	istered Agent	
#NI					REA B. THURN		
880 OYSTER SHELL LANE				et Address (P.O. Box Number is Not Acceptable) 1966 27TH AVENUE			
VERO BEACH FL 32963				1.1 ¥1	D GIIII HICKAC		
			84 City 1			ne Zio	Code
			1 1 1	VERO	BEACH		Code 32960
or regrater	to the provisions of Sections 617.0502 ar red agent, or both, in the State of Florida.	. Such chance was anthonized t	the above-named control the corporation's	orporation board of	n submits this statement for the purpose directors. Thereby accept the appoint	se of changing its re	gistered office
ICALI HINGA WY	ith, and accept the obligations of, Section	1 617 U5U3, Florida Statutes.	Ai. ai	La.		a la	agent. rem
SIGNATURE	Signature, typed or printed name of registered agent and	J tite if applicable (NOTE: P	Legistered Agent signature r	100	ri reinstat noi	29 196	
12.	OFFICERS AND [DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	RS IN 12
TITLE	D	DELETE	1.1 TITLE	D	11 - 4	☐ Change	Addition
NAME	WALKER, ELLEN		1.2 NAME	JE	'ANINE HARRIS 3 DEVONWOOD WA'		
STREET ADDRESS	1346 RIVER RIDGE DRIVE		1 3 STREET ADDRESS				
CITY-ST-ZIP TITLE	VERO BEACH FL 32963 D	DELETE	1.4 CITY - ST - ZIP 2 1 TITLE	1 XE	RO BEACH, Fi 38		Addition
NAME	EDWARDS, KATHY	Detter	2 2 NAME	00	AA 111165	Change	Addition .
STREET ADDRESS	536 POINT LANE		2 3 STREET ADDRESS	17/2	M HUFF 45 SMUGGLERS CO	VE.	
CITY-ST-ZIP	VERO BEACH FL 32963		2 4 CITY-ST-ZIP	Ve	RO BEACH FL	32963	
TITLE	D	⊠ DELETE	3.1 TITLE	D	,	☐ Change	Addition
NAME	DOWNEY, LINDA		3.2 NAME	MIC	HELE NEGHERBON	J	
STREET ADDRESS	1325 LITTLE HARBOUR LANE		3 3 STREET ADDRESS	599	5 23RO STREET	0011	
CITY-ST-ZIP TITLE	VERO BEACH FL 32963 D	DELETE	3.4 CiTY-ST-ZIP		RO BEACH, FL 33	2966	16-7 A 1 1111
NAME	HANLEY, ELIZABETH	Flotreir	4 1 TITLE 4 2 NAME	VAT	HY CIGALA	☐ Change	Addition
STREET ADDRESS	P.O. BOX 3082 (N/A)		4.3 STREET ADDRESS	20.3	5 OCEAN RIDGE C	IRCIE	
CITY - ST - ZIP	VERO BEACH FL 32964		4 4 CiTY-ST-ZIP	VE	20 BEACH FL 32	963	
TITLE	D	⊠ DELETE	5.1 TITLE	D	- 30110117 10 00	☐ Change	Addition
NAME	CONWAY, SUZANNE		5 2 NAME	ANI	DREA THURN _		
STREET ADDRESS	321 21 STREET SUITE 3C		5.3 STREET ADDRESS	196	06 27th AVENUE		
CITY-ST-ZIP TITLE	VERO BEACH FL 32963	™ DELETE	5.4 CITY - ST - 2IP	VE	RO BEACH, FZ 329		
NAME	D Wilcox, Lisa	Moreit	6.1 TITLE		ا المنا المين الواراليون رسين والسي والسي والسي	Change	Addition
STREET ADDRESS	725 36TH AVENUE		6.2 NAME 6.3 STREET ADDRESS		3 000018 33 -05/22/9601012	3533	2
CITY-ST-ZIP	VERO BEACH FL 32968		6 4 CITY-ST-ZIP			uus - 5	
14. I do hereb	y certify that the information supplied with	this filing is voluntarily furnisher	d and does not qua	alify for the	e exemption stated in Section 119.07(3)(k), Florida Statute	s. I further

ceruity 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: __

Andua Shum Dietor
BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR