

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N40488** (1)

1. Corporation Name

**JUNIOR LEAGUE OF INDIAN RIVER, INC.**

Principal Place of Business

**925 7TH AVE.  
VERO BEACH FL 32960  
US**

Mailing Address

**P O BOX 3008  
VERO BEACH FL 32964  
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/22/1990</b>	3a. Date of Last Report <b>05/21/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3042966</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**THURN, ANDREA B.  
1966 27TH AVE.  
VERO BEACH FL 32960**

10. Name and Address of New Registered Agent

81 Name **Josette M. Rappel**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1110 Bounty Blvd.**  
83  
84 City **Vero Beach** FL 85 Zip Code **32963**

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 **Josette M. Rappel** **Josette M. Rappel, Director** DATE **2/5/97**

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HARRIS, JEANINE</b>	1.2 NAME	<b>Diane Lembo</b>
STREET ADDRESS	<b>193 DEVONWOOD WAY</b>	1.3 STREET ADDRESS	<b>940 66th Avenue</b>
CITY-ST-ZIP	<b>VERO BEACH FL 32963</b>	1.4 CITY-ST-ZIP	<b>Vero Beach, FL 32966</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>EDWARDS, KATHY</b>	2.2 NAME	<b>Jane Coyle</b>
STREET ADDRESS	<b>536 POINT LANE</b>	2.3 STREET ADDRESS	<b>1695 Sand Dollar Way</b>
CITY-ST-ZIP	<b>VERO BEACH FL 32963</b>	2.4 CITY-ST-ZIP	<b>Vero Beach, FL 32963</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HUFF, PAM</b>	3.2 NAME	<b>Allison Livingston</b>
STREET ADDRESS	<b>1545 SMUGGLERS COVE LANE</b>	3.3 STREET ADDRESS	<b>P.O. Box 60 (N/A)</b>
CITY-ST-ZIP	<b>VERO BEACH FL 32963</b>	3.4 CITY-ST-ZIP	<b>Wabasso, FL 32970</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HANLEY, ELIZABETH</b>	4.2 NAME	<b>Cynthia Raentree</b>
STREET ADDRESS	<b>P.O. BOX 3082 (N/A)</b>	4.3 STREET ADDRESS	<b>2231 Buena Vista Blvd.</b>
CITY-ST-ZIP	<b>VERO BEACH FL 32964</b>	4.4 CITY-ST-ZIP	<b>Vero Beach, FL 32960</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NEGHERBON, MICHELE</b>	5.2 NAME	<b>Linda Muchnison</b>
STREET ADDRESS	<b>5995 23RD STREET</b>	5.3 STREET ADDRESS	<b>663 Eugenia Road</b>
CITY-ST-ZIP	<b>VERO BEACH FL 32968</b>	5.4 CITY-ST-ZIP	<b>Vero Beach, FL 32963</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THURN, ANDREA</b>	6.2 NAME	
STREET ADDRESS	<b>1966 27TH AVE.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VERO BEACH FL 32960</b>	6.4 CITY-ST-ZIP	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: 0078026

CR2E037 (9/96)