

FILE NOW: FILING FEE IS \$61.25

FILED

May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # **N40488** (1)

1. Corporation Name

JUNIOR LEAGUE OF INDIAN RIVER, INC.

Principal Place of Business

Mailing Address

925 7TH AVE.
VERO BEACH FL 32960
US

P O BOX 3008
VERO BEACH FL 32964-3008
US



3. Date Incorporated or Qualified

10/22/1990

4. FEI Number

59-3042966

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAPPEL, JOSETTE M
1110 BOUNTY BLVD
VERO BCH.FL 32963

81 Name Stephanie H. Toomey

82 Street Address (P.O. Box Number is Not Acceptable)

83 1033 Palmar de Ays Drive

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 Stephanie H. Toomey, Treasurer (Stephanie H. Toomey) 4-26-98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEMBO, DIANE	
STREET ADDRESS	940 66TH AVE	
CITY-ST-ZIP	VERO BEACH FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COYLE, JANE	
STREET ADDRESS	1695 SAND DOLLAR WAY	
CITY-ST-ZIP	VERO BEACH FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LIVINGSTON, ALLISON	
STREET ADDRESS	PO BOX 60 N/A	
CITY-ST-ZIP	WABASSO FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HANLEY, ELIZABETH	
STREET ADDRESS	P.O. BOX 3082 (N/A)	
CITY-ST-ZIP	VERO BEACH FL 32964	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ROUNTREE, CYNTHIA	
STREET ADDRESS	2231 BUENA VISTA BLVD	
CITY-ST-ZIP	VERO BCH FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MURCHINSON, LINDA	
STREET ADDRESS	663 EUGENIA ROAD	
CITY-ST-ZIP	VERO BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Collins, Edie	
1.3 STREET ADDRESS	886 44th AVE	
1.4 CITY-ST-ZIP	VERO Beach, FL 32966	

2.1 TITLE	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Rossway, Rebecca	
2.3 STREET ADDRESS	1370 Rivet Ridge	
2.4 CITY-ST-ZIP	VERO Beach, FL 32963	

3.1 TITLE	D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Toomey, Stephanie H.	
3.3 STREET ADDRESS	1033 Palmar de Ays Dr	
3.4 CITY-ST-ZIP	VERO Beach, FL 32963	

4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Rigsby, Judy	
4.3 STREET ADDRESS	2115 33rd Ave	
4.4 CITY-ST-ZIP	VERO Beach, FL 32960	

5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Julie Knight	
5.3 STREET ADDRESS	516 Live Oak Rd	
5.4 CITY-ST-ZIP	VERO Beach, FL 32963	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: Stephanie H. Toomey, Treasurer (Stephanie H. Toomey) 4-26-98 (901) 234-0733

CR2E037 (10/97)