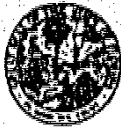


**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR 15 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N92000000850 (9)**

1. Corporation Name

**THE JUNIOR SERVICE LEAGUE OF MARTIN COUNTY, INC.**

DO NOT WRITE IN THIS SPACE

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>12/16/1992</b>  | 3a. Date of Last Report<br><b>01/21/1994</b> |
| 4. FEI Number<br><b>65-0375302</b>  | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees           |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>   | <b>\$68.75</b> Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|  |                         |  |                  |
|--|-------------------------|--|------------------|
| Principal Place of Business  |                         | Mailing Address  |                  |
| * <b>LYNNE W. SPRAKER</b><br>815 COLORADO AVENUE, SUITE 103<br>STUART FL 34994 |                         | * <b>LYNNE W. SPRAKER</b><br>815 COLORADO AVENUE, SUITE 103<br>STUART FL 34994 |                  |
| 21. Suite, Apt. #, etc.  | 26. Suite, Apt. #, etc. | 22. City & State   | 27. City & State |
| 23. Zip  | 28. Zip                 | 24. Country  | 29. Country      |

9. Name and Address of Current Registered Agent

**SPRAKER, LYNNE**  
815 COLORADO AVENUE  
SUITE 103  
STUART FL 34994

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 *Lynne W Spraker* *Lynne W Spraker* *3/4/95*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE

| 12. OFFICERS AND DIRECTORS |                              |
|----------------------------|------------------------------|
| TITLE                      | PD                           |
| NAME                       | DEMEULEMEESTER, KIM          |
| STREET ADDRESS             | 7 MIDDLE ROAD                |
| CITY-ST-ZIP                | STUART FL 34996              |
| TITLE                      | VD                           |
| NAME                       | TRANTER, KATHY SUE           |
| STREET ADDRESS             | 19 FIELDWAY DRIVE            |
| CITY-ST-ZIP                | STUART FL                    |
| TITLE                      | VD                           |
| NAME                       | KARR, SUZY                   |
| STREET ADDRESS             | 687 S.W. HIDDEN RIVER AVENUE |
| CITY-ST-ZIP                | PALM CITY FL 34990           |
| TITLE                      | SD                           |
| NAME                       | GALANTE, AMY                 |
| STREET ADDRESS             | 730 S.W. LIGHTHOUSE DRIVE    |
| CITY-ST-ZIP                | PALM CITY FL 34990           |
| TITLE                      | SD                           |
| NAME                       | HODNETT, CAROL               |
| STREET ADDRESS             | 102 SE CROSSPOINT DR         |
| CITY-ST-ZIP                | PORT ST LUCIE FL             |
| TITLE                      | TD                           |
| NAME                       | SPRAKER, LYNNE W             |
| STREET ADDRESS             | 1515 ST ANDREWS DRIVE        |
| CITY-ST-ZIP                | PALM CITY FL                 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|---|---|
| 1.1 TITLE   | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  | Diane Mayne   |
| 1.3 STREET ADDRESS                                    | 5650 SE LeMay Dr.   |
| 1.4 CITY-ST-ZIP                                       | Stuart, FL. 34997   |
| 2.1 TITLE   | VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  | Kathy Sue Tranter   |
| 2.3 STREET ADDRESS                                    | 19 Fieldway Dr.   |
| 2.4 CITY-ST-ZIP                                       | Stuart, FL. 34996   |
| 3.1 TITLE   | VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME  | Lynn Spraker  |
| 3.3 STREET ADDRESS                                    | 815 Colorado Ave, Suite 103   |
| 3.4 CITY-ST-ZIP                                       | Stuart, FL. 34994   |
| 4.1 TITLE   | SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME  | Andrea Wood   |
| 4.3 STREET ADDRESS                                    | 8022 SE Helen Terr.   |
| 4.4 CITY-ST-ZIP                                       | Hobe Sound, FL 33455  |
| 5.1 TITLE   | SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME  | Leslie Mandady  |
| 5.3 STREET ADDRESS                                    | 7410 S. Ocean Dr., #608-D   |
| 5.4 CITY-ST-ZIP                                       | Jensen Beach, FL. 34957   |
| 6.1 TITLE   | TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME  | Jane Karraker   |
| 6.3 STREET ADDRESS                                    | 2111 SW Danforth Cr.  |
| 6.4 CITY-ST-ZIP                                       | Palm City, FL. 34990  |

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 110.07(3)(b), 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 or an attachment with an address.

SIGNATURE: *Lynne W Spraker* *Lynne W Spraker* *3/4/95* *407-220-0212*  
Signature and typed or printed name of signing officer or director Date Telephone Area