

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N92000000850 (9)**

1. Corporation Name

THE JUNIOR SERVICE LEAGUE OF MARTIN COUNTY, INC.



Principal Place of Business

Mailing Address

% LYNNE W. SPRAKER
815 COLORADO AVENUE, SUITE 103
STUART FL 34994

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815 COLORADO AVENUE, SUITE 103
STUART FL 34994

3. Date Incorporated or Qualified
12/16/1992

3a. Date of Last Report
03/15/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
65-0375302

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MAYNE, DIANE	
STREET ADDRESS	5650 SE LE MAY DR.	
CITY-ST-ZIP	STUART FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	TRANter, KATHY SUE	
STREET ADDRESS	19 FIELDWAY DRIVE	
CITY-ST-ZIP	STUART FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SPRAKER, LYNNE	
STREET ADDRESS	815 COLORADO AVE, SUITE 103	
CITY-ST-ZIP	STUART FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ANDREA, WOOD	
STREET ADDRESS	8022 SE HELLEN TERR.	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MANDADY, LESLIE	
STREET ADDRESS	7410 S. OCEAN DR., #608-D	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	KARRAKER, JANE	
STREET ADDRESS	2111 SW DANFORTH CR.	
CITY-ST-ZIP	PALM CITY FL	

1. TITLE	RD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	JAN Robertson	
3. STREET ADDRESS	1563 NW Pine Lake DR.	
4. CITY-ST-ZIP	Stuart, FL 34994	
21. TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	Joanne Coy	
23. STREET ADDRESS	85 SE Beach Tree Lane	
24. CITY-ST-ZIP	Stuart, FL 34994	
31. TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	Sheila Biehl	
33. STREET ADDRESS	548 Hidden River Ave.	
34. CITY-ST-ZIP	Palm City, FL 34990	
41. TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	Andrea Wood	
43. STREET ADDRESS	2224 SW Danforth Cir	
44. CITY-ST-ZIP	Palm City FL 34990	
51. TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	Lori Sanders	
53. STREET ADDRESS	3037 NE Acacia Lane	
54. CITY-ST-ZIP	Jensen Beach, FL 34957	
61. TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	Mary Pat Waronicki	
63. STREET ADDRESS	1142 SW Oak Hollow Ct.	
64. CITY-ST-ZIP	Palm City, FL 34990	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and certifies 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: *Mary Pat Waronicki* Treasurer

Date: **4-28-96** Daytime Phone #: **283-1558**

CR2E037 (12/95)