

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 17 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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
 615 COLORADO AVENUE, SUITE 103
 STUART FL 34994

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/16/1992
 3a. Date of Last Report 05/01/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 65-0375302
 Applied For Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State

28 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip

25 Country

29 Zip

30 Country

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ROBERTSON, JAN	
STREET ADDRESS	1563 NW PINE LAKE DR.	
CITY-ST-ZIP	STUART FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	COY, JAN	
STREET ADDRESS	85 SE BEACH TREE LANE	
CITY-ST-ZIP	STUART FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BIEHL, SHEILA	
STREET ADDRESS	548 HIDDEN RIVER AVE.	
CITY-ST-ZIP	PALM CITY FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ANDREA, WOOD	
STREET ADDRESS	2224 SW DANFORTH CIRCLE	
CITY-ST-ZIP	PALM CITY FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SANDERS, LORI	
STREET ADDRESS	3037 NE ACACIA LANE	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WARONICKI, MARY PAT	
STREET ADDRESS	11421 SW OAK HOLLOW CT.	
CITY-ST-ZIP	PALM CITY FL	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Catherine Salter	
1.3 STREET ADDRESS	5208 SW Cherokee St.	
1.4 CITY-ST-ZIP	Palm City, FL 34990	
2.1 TITLE	ASD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Amy Nathanson	
2.3 STREET ADDRESS	429 SE Fairchild Ave	
2.4 CITY-ST-ZIP	Port St. Lucie, FL 34984	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Linda Westcott	
3.3 STREET ADDRESS	1121 SW Lighthouse Dr	
3.4 CITY-ST-ZIP	Palm City, FL 34990	
4.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Jennifer Neller	
4.3 STREET ADDRESS	2216 NW 22nd Ave # 110-113	
4.4 CITY-ST-ZIP	Stuart, FL 34994	
5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Chris Daly	
5.3 STREET ADDRESS	2089 NE Ginger Terr	
5.4 CITY-ST-ZIP	Jensen Beach, FL 34957	
6.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 in changed, or on an attachment with an address.

SIGNATURE: _____ SIGNATURE REQUIRED 9/12/97 671 226 7889

CR2E037 (4/97)