


FILE NOW: FILING FEE IS \$61.25

FILED  
May 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morfham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N92000000850 (9)**  
1. Corporation Name  
**THE JUNIOR SERVICE LEAGUE OF MARTIN COUNTY, INC.**

Principal Place of Business <b>% LYNNE W. SPRAKER 815 COLORADO AVENUE, SUITE 103 STUART FL 34994</b>	Mailing Address <b>% LYNNE W. SPRAKER 815 COLORADO AVENUE, SUITE 103 STUART FL 34994</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>12/16/1992</b>	4. FEI Number <b>65-0375302</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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
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 NAME: <b>SALTER, CATHERINE</b> STREET ADDRESS: <b>5258 SW CHEROKEE ST</b> CITY-ST-ZIP: <b>PALM CITY FL</b>	1.1 TITLE: <b>Jennifer Neller, PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME: <b>2216 NW 22nd Ave #110-113</b> 1.3 STREET ADDRESS: <b>Stuart, FL 34994</b> 1.4 CITY-ST-ZIP:
TITLE	SD NAME: <b>NATHANSON, AMY</b> STREET ADDRESS: <b>429 SE FAIRCHILD AVE</b> CITY-ST-ZIP: <b>PORT ST LUCIE FL</b>	2.1 TITLE: <b>Sheila Kraybill, SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME: <b>1730 SW Oakwater Point</b> 2.3 STREET ADDRESS: <b>Palm City, FL 34990</b> 2.4 CITY-ST-ZIP:
TITLE	VD NAME: <b>WESTCOTT, LINDA</b> STREET ADDRESS: <b>1121 SW LIGHTHOUSE DR</b> CITY-ST-ZIP: <b>PALM CITY FL</b>	3.1 TITLE: <b>Beth Herzog, TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME: <b>1626 SW Waterfall Blvd.</b> 3.3 STREET ADDRESS: <b>Palm City, FL 34990</b> 3.4 CITY-ST-ZIP:
TITLE	VD NAME: <b>NELLER, JENNIFER</b> STREET ADDRESS: <b>2216 NW 22ND AVE., #110-113</b> CITY-ST-ZIP: <b>STUART FL</b>	4.1 TITLE: <b>Amy Nathanson, VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME: <b>PO Box 2274 97 S.W. Cassine Court</b> 4.3 STREET ADDRESS: <b>Palm City, FL 34991 Palm City, FL 34990</b> 4.4 CITY-ST-ZIP:
TITLE	TD NAME: <b>DALY, CHRIS</b> STREET ADDRESS: <b>2089 NE GINGER TERR</b> CITY-ST-ZIP: <b>JENSEN BEACH FL</b>	5.1 TITLE: <b>Jakey Casto, VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME: <b>2111 SW Danforth Circle</b> 5.3 STREET ADDRESS: <b>Palm City, FL 34990</b> 5.4 CITY-ST-ZIP:
TITLE	VD NAME: <b>WARONICKI, MARY PAT</b> STREET ADDRESS: <b>11421 SW OAK HOLLOW CT.</b> CITY-ST-ZIP: <b>PALM CITY FL</b>	6.1 TITLE: <b>Paula Chamberlain, VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME: <b>227 Pelican Drive</b> 6.3 STREET ADDRESS: <b>Stuart, FL 34996</b> 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: *Linda Westcott* *Linda Westcott* 3/19/98 (561) 221-7839

CR2E037 (10/97)