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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N92000000850

1. Corporation Name
THE JUNIOR SERVICE LEAGUE OF MARTIN COUNTY, INC.

Principal Place of Business Mailing Address
 % LYNNE W. SPRAKER % LYNNE W. SPRAKER
 815 COLORADO AVENUE, SUITE 103 815 COLORADO AVENUE, SUITE 103
 STUART FL 34994 STUART FL 34994



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/16/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0375302
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
	Zip 29	Country 30

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
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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	
TITLE PD	NAME NELLER, JENNIFER	11 TITLE Vice President Finance	12 NAME Jodi Duerr
STREET ADDRESS 2216 NW 22ND AVE, #110-113	CITY-ST-ZIP STUART FL 34994	13 STREET ADDRESS 10400 SW Whapping Crane Way	14 CITY-ST-ZIP Palm City FL 34990
TITLE SD	NAME KRAYBILL, SHELIA	21 TITLE	22 NAME
STREET ADDRESS 1730 SW OAKWATER POINT	CITY-ST-ZIP PALM CITY FL 34990	23 STREET ADDRESS	24 CITY-ST-ZIP
TITLE TD	NAME HERZPG, BETH	31 TITLE	32 NAME
STREET ADDRESS 1626 SW WATERFALL BLVD	CITY-ST-ZIP PALM CITY FL 34990	33 STREET ADDRESS	34 CITY-ST-ZIP
TITLE VD	NAME NATHANSON, AMY	41 TITLE	42 NAME
STREET ADDRESS 97 SW CASSINE CT	CITY-ST-ZIP PALM CITY FL 34990	43 STREET ADDRESS	44 CITY-ST-ZIP
TITLE VD	NAME CASTO, JAKE	51 TITLE	52 NAME
STREET ADDRESS 2111 SW DANFORTH CIR	CITY-ST-ZIP PALM CITY FL 34990	53 STREET ADDRESS	54 CITY-ST-ZIP
TITLE VD	NAME CHAMBERLAIN, PAULA	61 TITLE	62 NAME
STREET ADDRESS 227 PELICAN DR	CITY-ST-ZIP STUART FL 34996	63 STREET ADDRESS	64 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, with all other like empowered.

SIGNATURE: JODI DUERR [Signature] 3/9/99 561-5917-2504
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VP Finance Date Daytime Phone #

CR2E037 (1/98)