FILED May 21, 2001 8:00 am Secretary of State 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N92000000850 05-21-2001 90034 004 ****61.25 THE JUNIOR SERVICE LEAGUE OF MARTIN COUNTY, INC Name Change 4/2/01 to Junior League of Martin County, Ihe Principal Place of Business Mailing Address % Lynne W. Spraker 815 Colorado Avenue. Suite 103 % LYNNE W. SPRAKER PO BOX 1861 STUART FL 34995-1864 STUART FL 34994 2. Principal Place of Business 3. Mailing Address P. O. BOX 897 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For tuart, FL 65-0375302 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) SPRAKER, LYNNE 815 COLORADO AVENUE SUITE 103 STUART FL 34994 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. **FEE IS \$61.25** Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. (10/00)President Thange ☐ Addition TITLE ☐ Delete Faim City, FL 34990 DYERR. JODI NAME NAME CR2E037 (STREET ADDRESS 10400 SW WHOOPING LANE WAY CITY-ST-ZIP PLM CITY FL 34990 CITY-ST-ZIP Addition TITLE Delete TITLE Treasurer Susan Lawton-Copeland 2905 SE Glasgow Dr. Stuart, FL 34997 ☐ Change NAME KRAYBILL, SHELIA NAME 1730 SW OAKWATER POINT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM CITY FL 34990 CITY-ST-ZIP Ville-President Valerie Wright 10 Miramar Road Addition TITLE Delete TITLE ☐ Change HERZPG, BETH NAME NAME STREET ADDRESS 1626 SW WATERFALL BLVD STREET ADDRESS Stwart, FL 34996 CITY-ST-ZIP PALM CITY FL 34990 CITY-ST-ZIP TITLE Delete ☐ Change TITLE ☐ Addition NATHANSON, AMY NAME NAME 97 SW CASSINE CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM CITY FL 34990 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition CASTO, JAKE NAME NAME 2111 SW DANFORTH CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM CITY FL 34990 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition CHAMBERLAIN, PAULA NAME NAME

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE REQUIRED IN

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

227 PELICAN DR

STUART FL 34996