

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90179 041 \*\*\*\*61.25

**DOCUMENT # N92000000850**

1. Entity Name  
**THE JUNIOR LEAGUE OF MARTIN COUNTY, INC.**



Principal Place of Business Mailing Address  
**% LYNNE W. SPRAKER** **% LYNNE W. SPRAKER**  
**815 COLORADO AVENUE, SUITE 103** **PO BOX 897**  
**STUART FL 34994** **STUART FL 34995-0897**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0375302</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>SPRAKER, LYNNE</b> <b>815 COLORADO AVENUE</b> <b>SUITE 103</b> <b>STUART FL 34994</b>				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				<b>FL</b>	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUERR, JODI		NAME	Wright, Valerie	
STREET ADDRESS	10400 SW WHOOPING LANE WAY		STREET ADDRESS	10 Miramar Rd.	
CITY-ST-ZIP	PLM CITY FL 34990		CITY-ST-ZIP	Stuart, FL 34996	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAWTON-COPELAND, SUSAN		NAME	Wintercorn, Julie	
STREET ADDRESS	2905 SE GLASGOW DR		STREET ADDRESS	502 SE Edgewood Dr	
CITY-ST-ZIP	STUART FL 34997		CITY-ST-ZIP	Stuart, FL 34996	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WRIGHT, VALERIE		NAME	Fields, Mary	
STREET ADDRESS	10 MIRAMAR ROAD		STREET ADDRESS	1623 NW Spruce Ridge Dr.	
CITY-ST-ZIP	STUART FL 34996		CITY-ST-ZIP	Stuart FL 34994	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: SIGNATURE REQUIRED 319103 (772) 398-3065

CR2E037 (10/02)