

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 27 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 # N94000003086 (5)
 1. Corporation Name
 JUNIOR ACHIEVEMENT OF SOUTHWEST FLORIDA, INC.



Principal Place of Business Mailing Address

1250 TAMiami TRAIL 1250 TAMiami TRAIL
 207 207
 NAPLES FL 33940 NAPLES FL 33940
 US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/17/1994 3a. Date of Last Report 08/07/1996

4. FEI Number 65-0503084 Applied For Not Applicable

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

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 34102 Country 28 Zip 34102 Country 30

9. Name and Address of Current Registered Agent

WILKIN, MARY
 1250 TAMiami TRAIL
 SUITE 305
 NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name WENDY S. HARRISON
 82 Street Address (P.O. Box Number is Not Acceptable) 1250 TAMiami TRAIL N
 83 SUITE 207
 84 City NAPLES FL 85 Zip Code 34102

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 Wendy Harrison WENDY S. HARRISON PRESIDENT 8/13/97
 (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	HALE, KEVIN	
STREET ADDRESS	12730 NEW BRITANNY ROAD	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	BRUNKER, BUDDY	
STREET ADDRESS	P. O. BOX 2477 N/A	
CITY-ST-ZIP	NAPLES FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	TUTTLE, BETH C.	
STREET ADDRESS	2000 MAIN STREET, #600	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	SEC	<input checked="" type="checkbox"/> DELETE
NAME	COLLIER, BERRY	
STREET ADDRESS	2600 GOLDEN GATE PARKWAY	
CITY-ST-ZIP	NAPLES FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WILKIN, MARY	
STREET ADDRESS	1250 TAMiami TRAIL NORTH, #207	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JAY BUNNEL	
1.3 STREET ADDRESS	3606 ENTERPRISE AVE	
1.4 CITY-ST-ZIP	NAPLES, FL 34117	
2.1 TITLE	SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SABRA SPAUGH	
2.3 STREET ADDRESS	3461 BONITA BAY BLVD #110	
2.4 CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
3.1 TITLE	PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	WENDY HARRISON	
3.3 STREET ADDRESS	1250 TAMiami TRAIL N #207	
3.4 CITY-ST-ZIP	NAPLES FL 34102	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input 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 if changed, or on an attachment with an address.

SIGNATURE: WILKIN, MARY SIGNATURE REQUIRED Harrison 8/13/97 9411496066

CR2E037 (4/97)