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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000003086					
1. Corporation Name JUNIOR ACHIEVEMENT OF SOUTHWEST FLORIDA, INC.					
Principal Place of Business 1250 TAMiami TRAIL 207 NAPLES FL 34102 US			Mailing Address 1250 TAMiami TRAIL 207 NAPLES FL 34102 US		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 06/17/1994	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0503084	
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	
9. Name and Address of Current Registered Agent HARRISON, WENDY S 1250 TAMiami TRAIL N SUITE 207 NAPLES FL 34102			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		
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					
TITLE	CD	<input checked="" type="checkbox"/> DELETE			
NAME	HALE, KEVIN				
STREET ADDRESS	12730 NEW BRITTANY ROAD				
CITY-ST-ZIP	FT. MYERS FL				
TITLE	VCD	<input checked="" type="checkbox"/> DELETE			
NAME	BRUNKER, BUDDY				
STREET ADDRESS	P. O. BOX 2477 N/A				
CITY-ST-ZIP	NAPLES FL				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	BUNNEL, JAY				
STREET ADDRESS	3606 ENTERPRISE AVE.				
CITY-ST-ZIP	NAPLES FL				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	SPAUGH, SABRA				
STREET ADDRESS	3461 BONITA BAY BLVD #110				
CITY-ST-ZIP	BONITA SPGS FL				
TITLE	P	<input type="checkbox"/> DELETE			
NAME	HARRISON, WENDY				
STREET ADDRESS	1250 TAMiami TR N #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		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS	3451 BONITA BAY BLVD #104				
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 checked="" type="checkbox"/> Addition			
6.2 NAME	S VIRGINIA CRAIG				
6.3 STREET ADDRESS	801 LAUREL OAK DR				
6.4 CITY-ST-ZIP	NAPLES FL 34108				



SIGNATURE: Wendy Harrison SIGNATURE REQUIRED S HARRISON 3/25/99 941-649-6066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #