

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 12 1997 8:00am
Secretary of State

DOCUMENT # **N95000000390 (3)**

1. Corporation Name

JUNETEENTH, INC.



Principal Place of Business

Mailing Address

C/O DORIS MOORE-BAILEY
2050 SOMERVILLE DRIVE SOUTH
LAKELAND FL 33801

C/O DORIS MOORE-BAILEY
2050 SOMERVILLE DRIVE SOUTH
LAKELAND FL 33801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/26/1995

3a. Date of Last Report
05/01/1996

4. FEI Number

NOT APPLICABLE

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 Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOORE-BAILEY, DORIS
2050 SOMERVILLE DRIVE SOUTH
LAKELAND FL 33801

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **MOORE-BAILEY, DORIS**
STREET ADDRESS **2050 SOMERVILLE DRIVE SOUTH**
CITY-ST-ZIP **LAKELAND FL 33801**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **PORTER, BETTY S**
STREET ADDRESS **1015 W 14TH STREET**
CITY-ST-ZIP **LAKELAND FL 33805**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **Treasurer**
2.3 STREET ADDRESS **Betty S. Porter**
2.4 CITY-ST-ZIP **1015 W. 14 Street**
Lakeland, FL 33805

TITLE **STD** ☒ DELETE
NAME **GRAHAM, JULIAN L**
STREET ADDRESS **1010 W 14TH STREET**
CITY-ST-ZIP **LAKELAND FL 33805**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **Secretary**
3.3 STREET ADDRESS **Harriet Ellis**
3.4 CITY-ST-ZIP **1393 Thomasville Circle**
Lakeland, FL 33811

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **Director**
4.3 STREET ADDRESS **Sylvester Little**
4.4 CITY-ST-ZIP **1549 W. 7th Street**
Lakeland, FL 33805

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **Director**
5.3 STREET ADDRESS **Carolyn Speed Green**
5.4 CITY-ST-ZIP **234 Swannona Street**
Lakeland, FL 33805

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: **Don** SIGNATURE REQUIRED **Doris Moore Bailey** 01/06/97 (941) 686-8214

CR2E037 (4/97)