

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000390

1. Corporation Name

JUNETEENTH, INC.

Principal Place of Business

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

Mailing Address

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 SEP 27 AM 10:10



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 1938 Benjamin Drive	26 1938 Benjamin Drive	01/26/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	NOT APPLICABLE
City & State	City & State	Applied For
23 Lakeland, FL	28 Lakeland, FL	Not Applicable
Zip	Zip	5. Certificate of Status Desired
24 33810	29 33810	<input type="checkbox"/> \$8.75 Additional Fee Required
Country	Country	6. Election Campaign Financing
25 Polk	30 Polk	<input type="checkbox"/> \$5.00 May Be Added to Fees
Trust Fund Contribution		

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	NAME	1.1 TITLE	1.2 NAME
PD	MOORE-BAILEY, DORIS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2050 SOMERVILLE DRIVE SOUTH			
LAKELAND FL 33801			
CITY-ST-ZIP			
T	PORTER, BETTY S	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1015 W 14TH STREET			
LAKELAND FL			
CITY-ST-ZIP			
S	SCALES, MADIE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
202 W 9TH ST			
LAKELAND FL 33805			
CITY-ST-ZIP			
D	LITTLE, SYLVESTER	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1547 W 7TH ST			
LAKELAND FL			
CITY-ST-ZIP			
D	GREEN, CAROLYN SPEED	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
234 SWANNA ST			
LAKELAND FL			
CITY-ST-ZIP			
D	Johnnie Moore	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1122 W. 14th Street			
Lakeland, FL 33810			
CITY-ST-ZIP			

14. 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 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, with all other like empowered.

SIGNATURE: Doris Moore Bailey 9/14/99 (63) 688-7648 cd 16

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

CR2E037 (5/99)