SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Oct 08 1998 8:00am
Secretary of State

DOCUMENT # N96000003695 (1)

1. Corporation Name

JUNIOR SERVICE LEAGUE OF CRESTVIEW, FL INCORPORATED

Principal Place of Business	Mailing Address
P.O. BOX 1706 CRESTVIEW FL 32536	P.O. BOX 1706 CRESTVIEW FL 32536

3. Date Incorporated or Qualified: 07/15/1996

4. FEI Number: 59-3339272 [ ] 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

7. Is this nonprofit corporation a homeowners association? [ ] Yes [ ] No

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	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

9. Name and Address of Current Registered Agent

LUKE, STANLEY K
121 COURT HOUSE TERRACE
CRESTVIEW FL 32536

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

12. OFFICERS AND DIRECTORS		
TITLE	D	[✓] DELETE
NAME	SWEATT, NIKKI	
STREET ADDRESS	104 FAIRWAY DRIVE	
CITY-ST-ZIP	CRESTVIEW FL 32536	
TITLE	D	[✓] DELETE
NAME	CADENHEAD, JILL	
STREET ADDRESS	695 SIOUX CIRCLE	
CITY-ST-ZIP	CRESTVIEW FL 32536	
TITLE	D	[✓] DELETE
NAME	ALFORD, LESLIE	
STREET ADDRESS	111 GOLF COURSE DRIVE	
CITY-ST-ZIP	CRESTVIEW FL 32536	
TITLE	D	[✓] DELETE
NAME	JORDAN, RHONDA	
STREET ADDRESS	2443 VICTORIA PL	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P/D	[ ] Change [✓] Addition
1.2 NAME	Tracy McMorrow	
1.3 STREET ADDRESS	5594 Pine Lake Drive	
1.4 CITY-ST-ZIP	Crestview, FL 32539	
2.1 TITLE	VD	[ ] Change [✓] Addition
2.2 NAME	Beverly Rogers	
2.3 STREET ADDRESS	980 W. Jamestee Blvd.	
2.4 CITY-ST-ZIP	Crestview, FL 32536	
3.1 TITLE	TD	[ ] Change [✓] Addition
3.2 NAME	Michelle Styron	
3.3 STREET ADDRESS	534 Ridgelake Road	
3.4 CITY-ST-ZIP	Crestview, FL 32536	
4.1 TITLE	SD	[ ] Change [✓] Addition
4.2 NAME	Jeri Samoulis	
4.3 STREET ADDRESS	5578 Aurora Drive	
4.4 CITY-ST-ZIP	Crestview, FL 32539	
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E037 (5/98)

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.

SIGNATURE: Michelle T. Styron Michelle T. Styron 9-30-98 (850)682-5127
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #