

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Sep 10, 1999 8:00 am**  
**Secretary of State**

09-10-1999 90011 015 \*\*\*\*61.25

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Corporation Name

JUNIOR SERVICE LEAGUE OF CRESTVIEW, FL INCORPORATED

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

Mailing Address  
P.O. BOX 1706  
CRESTVIEW FL 32536



Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
	26	07/15/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
	27	59-3339272
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	28	
Zip	Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
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

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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
OFFICERS AND DIRECTORS			
E	PD	1.1 TITLE	PD
1E	MCMORROW, TRACY	1.2 NAME	Terrell, Brandi
EET ADDRESS	5594 PINE LAKE DRIVE	1.3 STREET ADDRESS	134 Twin Oak Dr.
-ST-ZIP	CRESTVIEW FL 32539	1.4 CITY-ST-ZIP	Crestview, FL 32536
E	VD	2.1 TITLE	VD
1E	ROGERS, BEVERLY	2.2 NAME	Jossey, Delisa
EET ADDRESS	980 W JAMESLEE BLVD	2.3 STREET ADDRESS	2909 Airport Rd.
-ST-ZIP	CRESTVIEW FL 32536	2.4 CITY-ST-ZIP	Crestview, FL 32539
E	TD	3.1 TITLE	TD
1E	STYRON, MICHELLE	3.2 NAME	Kelsch, Patty
EET ADDRESS	534 RIDGELAKE ROAD	3.3 STREET ADDRESS	375 Ridgela Rd.
-ST-ZIP	CRESTVIEW FL 32536	3.4 CITY-ST-ZIP	Crestview, FL 32536
E	SD	4.1 TITLE	SD
1E	SAMOULIS, JERI	4.2 NAME	Jordan, Rhonda
EET ADDRESS	5578 AURORA DRIVE	4.3 STREET ADDRESS	2443 Victoria Place
-ST-ZIP	CRESTVIEW FL 32539	4.4 CITY-ST-ZIP	Crestview, FL 32536
E		5.1 TITLE	
1E		5.2 NAME	
EET ADDRESS		5.3 STREET ADDRESS	
-ST-ZIP		5.4 CITY-ST-ZIP	
E		6.1 TITLE	
1E		6.2 NAME	
EET ADDRESS		6.3 STREET ADDRESS	
-ST-ZIP		6.4 CITY-ST-ZIP	

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: Brandi Terrell DATE: 7/9/99 (850) 682-1334

CR2E037 (5/99)