2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State
02-23-2004 90033 048 ****61.25

DOCUMENT # 708588

1. Entity Name
THE JUNIOR LEAGUE OF THE EMERALD COAST, INC.

Principal Place of Business	Mailing Address
P.O. BOX 531 FORT WALTON BEACH, FL 32549	786 NORTH BEAL PKWY SUITE 4-A FORT WALTON BEACH, FL 32547

01232004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business.	3. Mailing Address
	12 SE Miracle Strip Pkwy
Suite, Apt. #, etc. Suite 201	Suite, Apt. #, etc. Suite 201
City & State	City & State Fort Walton Beach, FL.
Zip / Country	Zip 32548 / Country

4. FEI Number
59-2049326
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent.	7. Name and Address of New Registered Agent
BARR, HARRY E. 1201 N. ESLIN PKWY SHALIMAR, FL 32579	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BALENT, ANGELA 28 COUNTRY CLUB RD. SHALIMAR, FL 32579	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Stacey Izer 44 Berwick Circle #3 Shalimar, FL. 32579	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BALENT, ANGELA 28 COUNTRY CLUB ROAD SHALIMAR, FL 32579	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LORI ELLEN WARD 800 East Hewett Road Santa Rosa Beach, FL. 32459	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD IZER, STACEY 44 BERWICK CIR. #3 SHALIMAR, FL 32579	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Charlene Bremer 2518 Edgewater Drive Niceville, FL. 32578	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BARKOCY, ASHLEY 2352 TWIN BAY VIEW FORT WALTON BEACH, FL 32547	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BRENDA OUSLEY 106 Woodward DRive Santa Rosa Beach, FL. 32549	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HERMAN, PAMELA 4438 SOUTHMINSTER CIR. NICEVILLE, FL 32578	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LYNN W. WEST 30 Country Club Road Shalimar, FL. 32579	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PONDER, MONA 3994 LAUREN CT. DESTIN, FL 32541	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joanne M. Ryan 2-16-04 850-855-9291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #