

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90039 023 ****61.25

DOCUMENT # 708588	
1. Entity Name THE JUNIOR LEAGUE OF THE EMERALD COAST, INC.	

Principal Place of Business P.O. BOX 531 SUITE 201 FORT WALTON BEACH FL 32549	Mailing Address 12 SE MIRACLE STRIP PARKWAY STE 201 FORT WALTON BEACH FL 32548
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 201
City & State	City & State Fort Walton Beach, FL.
Zip	Zip 32548
Country	Country



1st MOORE CR2E037 (10/04)

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 BARR, HARRY E. 1201 N. ESLIN PKWY SHALIMAR FL 32579	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME WARD, LORI E STREET ADDRESS 800 EAST HEWETT ROAD CITY-ST-ZIP SANTA ROSA BEACH FL 32459	☐ Delete	TITLE PD NAME LYNN W. WEST STREET ADDRESS 30 Country Club Road CITY-ST-ZIP Shalimar, FL. 32579	☐ Change ☒ Addition
TITLE TD NAME BREMER, CHARLENE STREET ADDRESS 2518 EDGEWATER DRIVE CITY-ST-ZIP NICEVILLE FL 32578	☒ Delete	TITLE TD NAME KRIS DEASON STREET ADDRESS 1188 BROOKRIDGE TRACE CITY-ST-ZIP FORT WALTON BEACH, FL. 32547	☐ Change ☒ Addition
TITLE PD NAME IZER, STACEY STREET ADDRESS 44 BERWICK CIR. #3 CITY-ST-ZIP SHALIMAR FL 32579	☒ Delete	TITLE PD NAME KENDRA LUCAS STREET ADDRESS 904 ELIZABETH LANE CITY-ST-ZIP SHALIMAR, FL. 32579	☐ Change ☒ Addition
TITLE SD NAME OUSLEY, BRENDA STREET ADDRESS 106 WOODWARD DRIVE CITY-ST-ZIP SANTA ROSA BEACH FL 32549	☒ Delete	TITLE SD NAME COURTNEY ZINKE STREET ADDRESS 2805 SAM SNEAD COURT CITY-ST-ZIP SHALIMAR, FL. 32579	☐ Change ☐ Addition
TITLE SD NAME WEST, LYNN W STREET ADDRESS 30 COUNTRY CLUB ROAD CITY-ST-ZIP SHALIMAR FL 32579	☐ Delete	TITLE PAIGE COLLIER NAME 2808 Sam Snead Court STREET ADDRESS Shalimar, FL. 32579 CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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:  **3.15.05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #