


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90086 004 \*\*\*\*61.25

<b>DOCUMENT # 712237</b>					
1. Entity Name <b>JUNIOR SERVICE LEAGUE OF DELAND, INC.</b>					
Principal Place of Business PO BOX 1372 DELAND, FL 32721-1372		Mailing Address P.O. BOX 1372 DELAND, FL 32721-1372			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-6146126</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JOHNSTON, DONNA 2141 CHURCH ST DELAND, FL 32720			Name <i>Samantha Raines</i> Street Address (P.O. Box Number is Not Acceptable) <i>905 Crescent Parkway</i> City <i>Deland</i> FL Zip Code <i>32724</i>		
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 <i>Samantha Raines President</i>			DATE <i>5-1-05</i>		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		- \$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	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSTON, DONNA		NAME	Raines, Samantha	
STREET ADDRESS	2141 CHURCH ST		STREET ADDRESS	905 Crescent Parkway	
CITY-ST-ZIP	DELAND, FL 32720		CITY-ST-ZIP	Deland, FL 32724	
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOSHIOL, STEPHANIE		NAME	Koshol, Stephanie	
STREET ADDRESS	526 LAKE WINNEMISSETT DR		STREET ADDRESS	2870 Valley Forge Rd	
CITY-ST-ZIP	DELAND, FL 32724		CITY-ST-ZIP	Deland, FL 32720	
TITLE	V	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICK, KIMBERLY		NAME	Garcia, Heather	
STREET ADDRESS	2320 TOMOKA WOODS PKWY		STREET ADDRESS	1575 Corner Crossing Rd	
CITY-ST-ZIP	DELEON SPRINGS, FL 32130		CITY-ST-ZIP	Deland, FL 32720	
TITLE	V	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUICK-RAINES, SAMANTHA		NAME	Chandler Cassie	
STREET ADDRESS	905 CRESCENT PKWY		STREET ADDRESS	1102 Blue Lake Ave	
CITY-ST-ZIP	DELAND, FL 32724		CITY-ST-ZIP	Deland FL 32724	
TITLE	V	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGELKEN, MICHELE		NAME	Jennings, Diane	
STREET ADDRESS	1039 TORCHWOOD DR		STREET ADDRESS	151 N. Preratt Ave	
CITY-ST-ZIP	DELAND, FL 32724		CITY-ST-ZIP	Lake Helen, FL 32744	
TITLE	S	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSE, KELLEY		NAME	Peterson, Jenne	
STREET ADDRESS	846 LINCOLN ROAD		STREET ADDRESS	650 Old Tractor Trail	
CITY-ST-ZIP	DELAND, FL 32724		CITY-ST-ZIP	Deland, FL 32724	
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: <i>Stephanie Koshiol Stephanie Koshiol</i>			DATE: <i>5-1-05</i> 386 785-1171		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		