

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 08:00 AM
Secretary of State

DOCUMENT # 741443

1. Entity Name
 THE JUNIOR SERVICE LEAGUE OF BROOKSVILLE, INC.

Principal Place of Business P.O. BOX 936 BROOKSVILLE FL 34601	Mailing Address P.O. BOX 936 BROOKSVILLE FL 34601
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2. Principal Place of Business P.O. BOX 936	3. Mailing Address P.O. BOX 936
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State BROOKSVILLE FL	City & State BROOKSVILLE FL
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Zip 34605	Country US	Zip 34605	Country US
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4. FEI Number 59-1232904	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TAYLOR SHARON O
 13209 OLD CRYSTAL RIVER ROAD

 BROOKSVILLE FL 34601 US

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ DATE **04/24/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
 FEE IS \$61.25**

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	T <input type="checkbox"/> Delete
NAME	MASON NANCY
STREET ADDRESS	18276 MASON SMITH RD
CITY-ST-ZIP	BROOKSVILLE FL 34601
TITLE	D <input type="checkbox"/> Delete
NAME	CHURCH BECKY
STREET ADDRESS	9516 WALLIEN DR
CITY-ST-ZIP	BROOKSVILLE FL 34601
TITLE	P <input type="checkbox"/> Delete
NAME	STOUT LUANEE
STREET ADDRESS	621 PROSPECT HILL CT
CITY-ST-ZIP	BROOKSVILLE FL 34601
TITLE	D <input type="checkbox"/> Delete
NAME	YOUNG CONI
STREET ADDRESS	935 MOONLIGHT LANE
CITY-ST-ZIP	BROOKSVILLE FL 34601
TITLE	D <input type="checkbox"/> Delete
NAME	ROGERS ELANE
STREET ADDRESS	516 HOWELL AVE
CITY-ST-ZIP	BROOKSVILLE FL 34601
TITLE	VP <input type="checkbox"/> Delete
NAME	WOODRUFF ANGIE
STREET ADDRESS	107 SUNSET DR.
CITY-ST-ZIP	BROOKSVILLE FL 34601

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON NICKIE
STREET ADDRESS	2464 GOLD HILL ROAD
CITY-ST-ZIP	BROOKSVILLE FL 34601
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOUT LUANEE
STREET ADDRESS	621 PROSPECT HILL CT
CITY-ST-ZIP	BROOKSVILLE FL 34601
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEGGETT STACEY
STREET ADDRESS	POST OFFICE BOX 10423
CITY-ST-ZIP	BROOKSVILLE FL 34603
TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN TERESA
STREET ADDRESS	31010 PARK RIDGE DRIVE
CITY-ST-ZIP	BROOKSVILLE FL 34601
TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODRUFF ANGIE
STREET ADDRESS	107 SUNSET DR.
CITY-ST-ZIP	BROOKSVILLE FL 34601

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: NANCY MASON T 04/24/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)