

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 28, 2004
Secretary of State**

DOCUMENT# 741443

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

Current Principal Place of Business:

New Principal Place of Business:

P.O. BOX 936
BROOKSVILLE, FL 34605 US

Current Mailing Address:

New Mailing Address:

P.O. BOX 936
BROOKSVILLE, FL 34605 US

FEI Number: 59-1232904 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

TAYLOR, SHARON O
13209 OLD CRYSTAL RIVER ROAD
BROOKSVILLE, FL 34601 US

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BROWN, THERESA
Address: 31010 PARK RIDGE DR.
City-St-Zip: BROOKSVILLE, FL 34601

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P () Delete
Name: DILL, JENNIE
Address: 20263 GAMBLE DR.
City-St-Zip: BROOKSVILLE, FL 34601

Title: D (X) Change () Addition
Name: DILL, JENNIE
Address: 20263 GAMBLE DR.
City-St-Zip: BROOKSVILLE, FL 34601

Title: D () Delete
Name: BISHOP, ROBIN
Address: 24444 KIWI LANE
City-St-Zip: BROOKSVILLE, FL 34601

Title: V (X) Change () Addition
Name: BISHOP, ROBIN
Address: 24444 KIWI LANE
City-St-Zip: BROOKSVILLE, FL 34601

Title: V () Delete
Name: YOUNG, CONI
Address: 935 MOONLIGHT LANE
City-St-Zip: BROOKSVILLE, FL 34601

Title: P (X) Change () Addition
Name: YOUNG, CONI
Address: 935 MOONLIGHT LANE
City-St-Zip: BROOKSVILLE, FL 34601

Title: D () Delete
Name: JOHNSON, NICKIE
Address: 2464 GOLD HILL ROAD
City-St-Zip: BROOKSVILLE, FL 34601

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T () Delete
Name: WELTE, LAUREL
Address: 10064 WEEKS DR.
City-St-Zip: BROOKSVILLE, FL 34601

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAUREL WELTE

T

04/28/2004

Electronic Signature of Signing Officer or Director

_____ Date