

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

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90238 012 ****61.25



DOCUMENT # 741443

1. Entity Name

THE JUNIOR SERVICE LEAGUE OF BROOKSVILLE, INC.

Principal Place of Business
P.O. BOX 936
BROOKSVILLE FL 34605
US

Mailing Address
P.O. BOX 936
BROOKSVILLE FL 34605
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-1232904

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

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

Name **Randy Woodruff**
Street Address (P.O. Box Number is Not Acceptable)

801 S. Broad St

City **Brooksville** **FL** Zip Code **34601**

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

Randy Woodruff

4/18/05

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
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**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWN, THERESA	
STREET ADDRESS	31010 PARK RIDGE DR.	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DILL, JENNIE	
STREET ADDRESS	20263 GAMBLE DR.	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	XP	<input type="checkbox"/> Delete
NAME	BISHOP, ROBIN	
STREET ADDRESS	24444 KIWI LANE	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	PAST PRES	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, CONI	
STREET ADDRESS	935 MOONLIGHT LANE	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	AT	<input type="checkbox"/> Delete
NAME	JOHNSON, NICKIE	
STREET ADDRESS	2464 GOLD HILL ROAD	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	I	<input checked="" type="checkbox"/> Delete
NAME	WELTE, LAUREL	
STREET ADDRESS	10064 WEEKS DR.	
CITY-ST-ZIP	BROOKSVILLE FL 34601	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WENDY NUGENT	
STREET ADDRESS	1152 FLORIAN WAY	
CITY-ST-ZIP	SPRING HILL, FL 34609	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIMETHA HECKMAN	
STREET ADDRESS	9282 Belvedere St	
CITY-ST-ZIP	SPRING HILL 34608	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAUREL WELTE	
STREET ADDRESS	10064 WEEKS DR	
CITY-ST-ZIP	BROOKSVILLE, FL 34601	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Nickie Johnson

Nickie Johnson

4/13/05

352 3304392

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #