

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90726 011 ****61.25

0083147

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
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-1232904** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

40009440



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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. 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

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	P	<input checked="" type="checkbox"/> Delete
NAME	BROWN, THERESA	
STREET ADDRESS	31010 PARK RIDGE DR.	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DILL, JENNIE	
STREET ADDRESS	20263 GAMBLE DR.	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	D	<input type="checkbox"/> Delete
NAME	BISHOP, ROBIN	
STREET ADDRESS	24444 KIVI LANE	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WOODRUFF, ANGIE	
STREET ADDRESS	107 SUNSET LANE	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, NICKIE	
STREET ADDRESS	2484 GOLD HILL ROAD	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	T	<input 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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Theresa Brown	
STREET ADDRESS	31010 Park Ridge Dr	
CITY-ST-ZIP	Brooksville, Fl. 34601	
TITLE	Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DILL, JENNIE	
STREET ADDRESS	20263 Gamble Dr	
CITY-ST-ZIP	Brooksville, Fl. 34601	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Coni Young	
STREET ADDRESS	935 Moonlight Lane	
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: **SIGNATURE REQUIRED** **4.30.03 352-799-2528**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)