

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90172 010 ****61.25

DOCUMENT # 755760 1. Entity Name THE JUNIOR LEAGUE OF GREATER WINTER HAVEN, FLORIDA, INC.																																																																																																																							
Principal Place of Business P O BOX 7161 WINTER HAVEN, FL 33883			Mailing Address P O BOX 7161 WINTER HAVEN, FL 33883																																																																																																																				
2. Principal Place of Business <i>Same</i>		3. Mailing Address <i>Same</i>		50035591 																																																																																																																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																					
City & State		City & State																																																																																																																					
Zip		Zip																																																																																																																					
4. FEI Number 59-2068148				Applied For ☐ Not Applicable																																																																																																																			
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required																																																																																																																			
6. Name and Address of Current Registered Agent BAXTER, CINDY 120 SELVA VISTA WINTER HAVEN, FL 33884				7. Name and Address of New Registered Agent Name Erin Euverard Street Address (P.O. Box Number is Not Acceptable) 706 Avenue L, SE City Winter Haven FL Zip Code 33880																																																																																																																			
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>Erin J. Euverard</i> Treasurer: Erin J. Euverard 4/2/05																																																																																																																							
Filing 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																																																																																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;"> TD LEEDY, ANNE-MARIE ☒ Delete </td> <td style="width: 20%; padding: 2px;"></td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;"> TD Erin Euverard ☒ Change ☒ Addition </td> <td style="width: 20%; padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">1332 N. 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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>Erin J. Euverard</i> Erin J. Euverard 4/2/05 863 401-9184																																																																																																																							