2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State
03-20-2006 90004 009 ****61.25

DOCUMENT # 756501

1. Entity Name
THE JUNIOR SERVICE LEAGUE OF PANAMA CITY, INC.

Principal Place of Business	Mailing Address
911 CHERRY ST. P. O. BOX 743 PANAMA CITY, FL 32402-0743 US	P.O. BOX 743 P. O. BOX 743 PANAMA CITY, FL 32402-0743 US

03162006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-6152202 ☐ 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
HANEY, SCOTTI 1806 CONNECTICUT AVE LYNN HAVEN, FL 32444	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HAMLIN, LISA 247 S. COVE TERRACE DR. PANAMA CITY, FL 32401	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Brandy Haiman PO Box 15521 Panama City FL 32406	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PE HAIMAN, BRANDY PO BOX 15521 PANAMA CITY, FL 32406	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PE CILLE BOYD 206 S. HARRIS AV PANAMA CITY, FL 32401	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RS HAMM, JOREE 201 S. COVE TERRACE PANAMA CITY, FL 32401	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RS CAROL SOUTHERLAND 105 FLEMING CT LYNN HAVEN FL 32444	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CS MILES, SHEY PO BOX 27146 PANAMA CITY BEACH, FL 32411	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CS TANYA SHARP PO Box 135 LYNN HAVEN, FL 32444	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T NICHOLAS, TINA 500 BUNKERS COVE RD. PANAMA CITY, FL 32401	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SCOTTI HANEY 1806 CONNECTICUT AV LYNN HAVEN, FL 32444	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT HANEY, SCOTTI 1806 CONNECTICUT AVE LYNN HAVEN, FL 32444	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT LAURA DAVIDENKO 2805 LONGLEAF RD PANAMA CITY FL 32405	☐ Change ☑ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Scotti Haney SCOTTI HANEY 03/16/06 850 271 8658
SIGNATURE AND TYPED OR PRINTED NAME OF INCOMING OFFICER OR DIRECTOR — Date — Daytime Phone #