2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756501

FILED Apr 28, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

911 CHERRY ST. P. O. BOX 743

PANAMA CITY, FL 324020743 US

New Mailing Address: Current Mailing Address:

P.O. BOX 743 P. O. BOX 743

PANAMA CITY, FL 324020743 US

FEI Number: 59-6152202 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

DAVIDENKO, LAURA ENNIS, TIFFANY 2805 LONGLEAF RD 211 S. CLAIRE DRIVE

PANAMA CITY, FL 32405 US PANAMA CITY, FL 32401 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: TIFFANY ENNIS 04/28/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition BOYD, CILLIE MOODY, AMY Name: Name: 206 S. HARRIS AVE. Address: 3316 COUNTRY CLUB DRIVE Address:

City-St-Zip: PANAMA CITY, FL 32401 City-St-Zip: LYNN HAVEN, FL 32444

Title: () Delete Title: (X) Change () Addition HANEY, SCOTTI Name: DAVIS, KARA Name:

Address: 1806 CONNECTICUT AVE Address: 1806 CONNECTICUT AVE City-St-Zip: LYNN HAVEN, FL 32444 City-St-Zip: LYNN HAVEN, FL 32444

Title: () Delete Title: TPT (X) Change () Addition

OAKS, TRACEY ENNIS, TIFFANY Name: Name: 211 S. CLAIRE DRIVE Address: 22209 FOX GLEN TRACE Address: City-St-Zip: PANAMA CITY BEACH, FL 32413 City-St-Zip: PANAMA CITY, FL 32401

(X) Change () Addition Title: () Delete Title: ΑT Name: BOYD, CILLE Name: WEST, MANDY

Address: 2065 HARRIS AVE Address: 113 LEGEND LAKES DRIVE City-St-Zip: PANAMA CITY, FL 32401 City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: (X) Delete Title: () Change () Addition

DAVIDENKO, LAURA Name: Name: 2805 LONGLEAF RD Address: Address: City-St-Zip: PANAMA CITY, FL 32405 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

HANEY, SCOTTI Name: Name: Address: 1806 CONNECTICUT AVE Address: LYNN HAVEN, FL 32444 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: TIFFANY ENNIS **TPT** 04/28/2008

Electronic Signature of Signing Officer or Director

Date