2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 01, 2004 8:00 am Secretary of State DOCUMENT # N00000007330 1. Entity Name 04-01-2004 90003 042 ****61.25 THE JUNIOR LEAGUE OF CLEARWATER-DUNEDIN FOUNDATION, INC. Principal Place of Business Mailing Address 1465 S. FORT HARRISON STE 202 CLEARWATER FL 33756 1465 S. FORT HARRISON STE 202 04024859 CLEARWATER FL 33756 2. Principal Place of Business 209 Turner Street 3. Mailing Address 2009 Turner Street Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) Applied For Clearwatter, FL 33756 4. FEI Number Clearwater, FL 33756 26-0046220 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Gyneth S. Stanley STANLEY, GYNETH S Street Address (P.O. Box Number is Not Acceptable) 1465 S. FORT HARRISON STE 202 **CLEARWATER FL 33756** ^Clearwater Zip39956 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Delete TITLE TITLE DUNCAN, HOLLY NAME NAME 2724 BURNING TREE LANE STREET ADDRESS STREET ADDRESS CLEARWATER FL 33761 CITY - ST- 718 CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition RABON, KATHY NAME NAME 107 PARK STREET STREET ADDRESS STREET ADDRESS SAFETY HARBOR FL 34695 CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change | Addition CROWN, KAREN NAME NAME 2 SEASIDE LANE #104 STREET ADDRESS STREET ADDRESS BELLEAIR FL 33756 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition STANLEY, GYNETH \$ **421 DRUID ROAD** STREET ADDRESS STREET ADDRESS CLEARWATER FL 33756 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change Addition COCHRAN, RENETTA NAME NAME 11432 CIMARON CIRCLE W STREET ADDRESS STREET ADDRESS **LARGO FL 33774** CITY-ST-ZIP CITY-ST-ZIP Director The Change TITLE **X**Delete TITLE ☐ Addition ORA, PAM Freeborn, Alison NAME NAME 1354 STURBERIDGE CT. 360 Monroe Street

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 attachmen with an address, with all ther the empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

DUNEDIN FL 34698

STREET ADDRESS

CITY-ST-ZIP

Dunedin, FL 34698

FILED