

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

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90057 009 ****61.25

DOCUMENT # 718147

1. Entity Name

JUNIOR LEAGUE OF CLEARWATER-DUNEDIN, INC.



Principal Place of Business

1265 BAYSHORE DRIVE
DUNEDIN FL 34698
US

Mailing Address

1265 BAYSHORE DRIVE
DUNEDIN FL 34698
US

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

59-0773585

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

JULIUS J. ZSCHAU
911 CHESTNUT ST
CLEARWATER FL 33756

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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 | TD | <input checked="" type="checkbox"/> Delete |
| NAME | BREAUX, ANGELA | |
| STREET ADDRESS | 60 WINDRUSH CT | |
| CITY-ST-ZIP | OLDSMAR FL 34677 | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | FREEBORN, ALISON K | |
| STREET ADDRESS | 605 MARIVA AVE | |
| CITY-ST-ZIP | CLEARWATER FL 33755 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | MCGRAIL, JENNIFER | |
| STREET ADDRESS | 1659 GRAY BARK DRIVE | |
| CITY-ST-ZIP | OLDSMAR FL 34677 | |
| TITLE | RSD | <input checked="" type="checkbox"/> Delete |
| NAME | COONEY, DEBORAH | |
| STREET ADDRESS | 3411 BEECH TRAIL | |
| CITY-ST-ZIP | CLEARWATER FL 33761 | |
| TITLE | CSD | <input checked="" type="checkbox"/> Delete |
| NAME | ALLEN, MELISSA | |
| STREET ADDRESS | 804 S HILLCREST AVE | |
| CITY-ST-ZIP | TAMPA FL 33756 | |
| TITLE | CVD | <input type="checkbox"/> Delete |
| NAME | COLE, KATIE | |
| STREET ADDRESS | 804 MANDALAY AVE | |
| CITY-ST-ZIP | CLEARWATER BEACH FL 33767 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------------|---|
| TITLE | TD | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Cory McBride | |
| STREET ADDRESS | 458 Harbor Drive N. | |
| CITY-ST-ZIP | Indian Rocks Beach 33785 | |
| TITLE | PD | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Gwin Lmtrigan | |
| STREET ADDRESS | 27 Booth Blvd. | |
| CITY-ST-ZIP | Clearwater Harbor, FL 34695 | |
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Theresa Hess | |
| STREET ADDRESS | 335 S Fox Hill Drive | |
| CITY-ST-ZIP | Clearwater, FL 33761 | |
| TITLE | CVD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Stacie Smy | |
| STREET ADDRESS | 3983 Executive Dr. | |
| CITY-ST-ZIP | Palm Harbor, FL 34685 | |
| 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: *Angela L. Breaux* **2/2/04** **(727) 712-1301**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #