

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12286

FILED
Feb 16, 2009
Secretary of State

Entity Name: JUNIOR SERVICE LEAGUE OF ST. AUGUSTINE, FLORIDA, INC.

Current Principal Place of Business:

238 B SAN MARCO AVE.
SAINT AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 244
ST. AUGUSTINE, FL 32085

New Mailing Address:

FEI Number: 59-0879960 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARROTHERS, DR. KELLY
109 SECOND ST
SAINT AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCOTT, JUDY
Address: 395 SOPHIA TERRACE
City-St-Zip: SAINT AUGUSTINE, FL 32095

Title: VP () Delete
Name: MALLOY, MOUIE
Address: 3125 COUNTRY CREEK LANE
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: RSEC () Delete
Name: SOUTHWORTH, HOLLY
Address: 212 QUEEN RD.
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: CSEC () Delete
Name: DELORENZO, SHANTEL
Address: 5184 MEDORAS AVE
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: T () Delete
Name: CARROTHERS, KELLY
Address: 109 SECONDJ ST
City-St-Zip: SAINT AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: CARLSON, ARIA
Address: 135 WHISPERING OAKS CIRCLE
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: RSEC (X) Change () Addition
Name: RIVERS, LAUREN
Address: 409 MANGO CIRCLE
City-St-Zip: SAINT AUGUSTINE, FL 32095

Title: CSEC (X) Change () Addition
Name: BURNETT, JENNY
Address: 400 MARSH POINT CIRCLE
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: () Change () Addition
Name:
Address:
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: KELLY CARROTHERS

T

02/16/2009

Electronic Signature of Signing Officer or Director

_____ Date