

# 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 SECOND 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