#### 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# 711366

Entity Name: JUNIOR LEAGUE OF SOUTH BREVARD, INC.

### Current Principal Place of Business:

1501 AVOCADO AVENUE SUITE 2 MELBOURNE, FL 32935

### **Current Mailing Address:**

1501 AVOCADO AVENUE SUITE 2 MELBOURNE, FL 32935 US

# FEI Number: 23-7094004

### Name and Address of Current Registered Agent:

SANGER, LINDSAY 1501 AVOCADO AVENUE SUITE 2 MELBOURNE, FL 32935 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:	LINDSAY SANGER							
	Electronic Signature of Registered Agent		Date	_				
Officer/Director Detail :								
Title	DIRECTOR - FUNDRAISING	Title	PRESIDENT					
Name	MOALLEM WOOD, SARA	Name	SANGER, LINDSAY					
Address	1501 AVOCADO AVENUE, STE 2	Address	1501 AVOCADO AVENUE, STE 2					
City-State-Zip:	MELBOURNE FL 32935	City-State-Zip:	MELBOURNE FL 32935					
Title	NOMINATING DIRECTOR	Title	DIRECTOR - MEMBERSHIP					
Name	OLSEN, NICOLE	Name	CASSONE, JESSICA					
Address	1501 AVOCADO AVENUE, STE 2	Address	1501 AVOCADO AVENUE SUITE 2					
City-State-Zip:	MELBOURNE FL 32935	City-State-Zip:						
Title	TREASURER	Title	DIRECTOR - COMMUNITY					
Name	FIRRIOLO, CHRISTINA	Name	ELEY, HEATHER					
	1501 AVOCADO AVENUE SUITE 2	Address	1501 AVOCADO AVENUE SUITE 2					
City-State-Zip:	MELBOURNE FL 32935	City-State-Zip:						
Title	DIRECTOR - COMMUNICATIONS	Title	EXECUTIVE VICE PRESIDENT					
Name	RBER, KARYN	Name	JAGDMANN, AMY					
Address	1501 AVOCADO AVE SUITE 2	Address	1501 AVOCADO AVENUE SUITE 2					
City-State-Zip:	MELBOURNE FL 32935	City-State-Zip:						

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I hereby 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 all other like empowered.

# SIGNATURE: CHRISTINA FIRRIOLO

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date

03/16/2018

#### **Officer/Director Detail Continued :**

Title	SECRETARY	Title	VP
Name	SUCHOSKI, MAXIME	Name	SCHROEDER, KRISTIN
Address	1501 AVOCADO AVENUE SUITE 2	Address	1501 AVOCADO AVENUE SUITE 2
City-State-Zip:	MELBOURNE FL 32935	City-State-Zip:	MELBOURNE FL 32935