

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90080 045 ****61.25

DOCUMENT # 700191 1. Entity Name THE JUNIOR LEAGUE OF PENSACOLA, FLORIDA, INCORPORATED					
Principal Place of Business 3298 SUMMIT BOULEVARD, SUITE 44 PENSACOLA, FL 32503-1319			Mailing Address 3298 SUMMIT BOULEVARD, SUITE 44 PENSACOLA, FL 32503-1319		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03162005 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-6166684				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COOPER, JANICE 4201 REYNOSA DR. PENSACOLA, FL 32-5040			7. Name and Address of New Registered Agent Name Tracye L. Carper Street Address (P.O. Box Number is Not Acceptable) 4521 Piper Glen Dr. City Pensacola FL Zip Code 32514		
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 3/28/2005 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COOPER, JANICE 4201 REYNOSA DR. PENSACOLA, FL 32504	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARPER, TRACYE L. 4521 PIPER GLEN DR. PENSACOLA, FL 32514	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE CARPER, TRACYE 4521 PIPER GLEN DR. PENSACOLA, FL 32514	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE LEONARD GODWIN, LAURA 10054 FOX RUN RD. PENSACOLA, FL 32514	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEATHERLY, TERRI 30875 MAGNOLIA ST. ELBERTA, AL 36530	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEONARD, TRINA 7000 KLONDIKE RD. PENSACOLA, FL 32526	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TE LEONARD, TRINA 7000 KLONDIKE RD. PENSACOLA, FL 32526	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TE JONES, ALLISON 7051 CHARTER OAKS DR PENSACOLA, FL 32514	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS ALEXANDER, CAROLINE 2244 SCENIC HWY #1-4 PENSACOLA, FL 32503	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBERSHIP VP HULLY, MARLENE 4251 LOWELL LN PENSACOLA, FL 32514	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS BODWIN, LAURA 3500 CREIGHTON RD., APT 1-3 PENSACOLA, FL 32514	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXECUTIVE RUSS-SHERMAN, SHAKITA 3127 SEAFARERS WAY PENSACOLA, FL 32526	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date March 18, 2005 <small>Daytime Phone #</small>	

(850) 453-3003