## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 701131** 

FILED May 01, 2006 Secretary of State

Entity Name: JUNIOR LEAGUE OF TALLAHASSEE INC

Current Principal Place of Business: New Principal Place of Business:

404 EAST 6TH AVE. TALLAHASSEE, FL 32303

Current Mailing Address: New Mailing Address:

PO BOX 13428 TALLAHASSEE, FL 32317

FEI Number: 59-0802844 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LUNNY, CARLA HOBBS, NICOLE

448 TALL STAND COURT 1234 SKIP WELLS COURT TALLAHASSEE, FL 32312 US TALLAHASSEE, FL 32312 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: NICOLE HOBBS 05/01/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD () Delete Title: SD (X) Change () Addition Name: BROGLE, KIMBERLY Name: CLEMENTS, AMANDA

Address: 3772 IVY GREEN TRAIL Address: 317 WEST NINTH AVENUE
City-St-Zip: TALLAHASSEE, FL 32311 City-St-Zip: TALLAHASSEE, FL 32303

Name: LUNNY, CARLA Name: HOBBS, NICOLE

 Address:
 448 TALL STAND COURT
 Address:
 1234 SKIP WELLS COURT

 City-St-Zip:
 TALLAHASSEE, FL 32312
 City-St-Zip:
 TALLAHASSEE, FL 32312

Title: PEVD ( ) Delete Title: PEVD (X) Change ( ) Addition

 Name:
 HOBBS, NICOLE
 Name:
 BROCKMEIER, TAMMY

 Address:
 1234 SKIP WELLS COURT
 Address:
 1909 CELTIC COURT

 City-St-Zip:
 TALLAHASSEE, FL 32312
 City-St-Zip:
 TALLAHASSEE, FL 32317

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 FOOTE, KRISTEN
 Name:
 HARTSFILED, LAURIE

 Address:
 425 MEADOW RIDGE DR
 Address:
 367 MILESTONE DRIVE

 City-St-Zip:
 TALLAHASSEE, FL 32312
 City-St-Zip:
 TALLAHASSEE, FL 32312

Title: ( ) Delete Title: VD ( ) Change (X) Addition

 Name:
 Name:
 FOOTE, KRISTEN

 Address:
 Address:
 425 MEADOW RIDGE DR

 City-St-Zip:
 City-St-Zip:
 TALLAHASSEE, FL 32312

I hereby certify that the information supplied with this filing does not qualify for the 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: KRISTEN FOOTE VD 05/01/2006