

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701131

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: JUNIOR LEAGUE OF TALLAHASSEE INC

## Current Principal Place of Business:

404 EAST 6TH AVE.  
TALLAHASSEE, FL 32303

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 13428  
TALLAHASSEE, FL 32317

## New Mailing Address:

FEI Number: 59-0802844

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOBBS, NICOLE  
1234 SKIP WELLS COURT  
TALLAHASSEE, FL 32312 US

## Name and Address of New Registered Agent:

EDWARD, PAMELA  
1632 EAGLES WATCHWAY  
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: PAMELA EDWARDS

04/08/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: EDWARD, PAMELA  
Address: 1632 EAGLES WATCH WAY  
City-St-Zip: TALLAHASSEE, FL 32312

Title: P ( ) Delete  
Name: CLEMENTS, AMANDA  
Address: 317 WEST 9TH AVENUE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: SD ( ) Delete  
Name: KELLOG, MOLLY  
Address: 241 STARMOUNT DRIVE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: TD ( ) Delete  
Name: WIGGINS, KRISTINA  
Address: 1448 MARION AVENUE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: VD (X) Delete  
Name: ALISON, FARIS  
Address: 1239 GREENSWARD  
City-St-Zip: TALLAHASSEE, FL 32312

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CLEMENTS, AMANDA  
Address: 317 WEST 8TH AVENUE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: TD (X) Change ( ) Addition  
Name: FARIS, ALISON  
Address: 1239 GREENSWARD  
City-St-Zip: TALLAHASSEE, FL 32312

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

Title: TD (X) Change ( ) Addition  
Name: MOLINARO, CARI  
Address: 5436 CALDER DR  
City-St-Zip: TALLAHASSEE, FL 32317

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: ALISON FARIS

TD

04/08/2009

Electronic Signature of Signing Officer or Director

Date