2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# 705297

Entity Name: THE JUNIOR WELFARE SOCIETY

Current Principal Place of Business:

P. O. BOX 39646
FT. LAUDERDALE, FL 333399646

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 39646
FT. LAUDERDALE, FL 333399646

New Mailing Address:

FEI Number: 59-6159092 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCGOWAN, ELIZABETH MRS.
625 SAN MARCO DRIVE
FORT LAUDERDALE, FL 33301 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/D ( ) Delete
Name: EDISON, NANCY MRS.
Address: 915 N. SOUTH LAKE DR.
City-St-Zip: HOLLYWOOD, FL 33019

Title: V/D ( ) Delete
Name: POOLE, MARGARET MRS.
Address: 702 N. RIO VISTA BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: S/D ( ) Delete
Name: DAMOORGIAN, PAT MRS.
Address: 625 ISLE OF PALMS
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: T/D ( ) Delete
Name: MCGOWAN, ELIZABETH MRS.
Address: 625 SAN MARCO DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition
Name: EDISON, NANCY MRS.
Address: 333 LAS OLAS WAY, #2710
City-St-Zip: FORT LAUDERDALE, FL 33301

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

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

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: ELIZABETH MCGOWAN T/D 03/25/2009

Electronic Signature of Signing Officer or Director — Date