

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90168 028 ****61.25

DOCUMENT # 707355

1. Entity Name
JUNIOR LEAGUE OF DAYTONA BEACH, INC.



Principal Place of Business
122 S PALMETTO AVE
DAYTONA BEACH FL 32114
US

Mailing Address
122 S PALMETTO AVE
DAYTONA BEACH FL 32114
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 23-7013995

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOODSON, RHODA B.
150 MAGNOLIA AVE
DAYTONA BEACH FL 32114

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **SPENCER, MARY**
STREET ADDRESS **513 RIVERVIEW BLVD**
CITY-ST-ZIP **DAYTONA BEACH FL 32118**

TITLE **PD** ☒ Change ☐ Addition
NAME **Martin, Kim**
STREET ADDRESS **2611 Concord Place**
CITY-ST-ZIP **Deland, FL 32720**

TITLE **RSD** ☒ Delete
NAME **FERGUSON, KELLY**
STREET ADDRESS **17 SYCAMORE CI**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **RSD** ☐ Change ☒ Addition
NAME **Ascik, Alisa**
STREET ADDRESS **90 Golfview Lane**
CITY-ST-ZIP **Ormond Beach, FL 32176**

TITLE **TD** ☒ Delete
NAME **SANDERS, KAREN**
STREET ADDRESS **6201 KLONDIKE DR**
CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE **TD** ☒ Change ☐ Addition
NAME **Vaughan, Melinda**
STREET ADDRESS **1719 Arash Circle**
CITY-ST-ZIP **Port Orange, FL 32124**

TITLE **TED** ☐ Delete
NAME **VAUGHAN, MELINDA**
STREET ADDRESS **1719 ARASH CI**
CITY-ST-ZIP **PORT ORANGE FL 32124**

TITLE **TED** ☐ Change ☒ Addition
NAME **Fiedler, Meg**
STREET ADDRESS **120 B East Villa Capri Circle**
CITY-ST-ZIP **Deland, FL 32724**

TITLE **PED** ☐ Delete
NAME **MARTIN, KIM**
STREET ADDRESS **2611 CANARD PL**
CITY-ST-ZIP **DELAND FL 32720**

TITLE **PED** ☐ Change ☒ Addition
NAME **Chanfrau, Liz**
STREET ADDRESS **469 Druid Circle**
CITY-ST-ZIP **Ormond Beach, FL 32176**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Mary Spencer*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-03

Date

386-253-1750

Daytime Phone #

CR2E037 (10/02)