

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90047 038 ****61.25

DOCUMENT # 708588 1. Entity Name THE JUNIOR LEAGUE OF THE EMERALD COAST, INC.					
Principal Place of Business P.O. BOX 531 SUITE 201 FORT WALTON BEACH, FL 32549			Mailing Address 12 SE MIRACLE STRIP PARKWAY STE 201 FORT WALTON BEACH, FL 32548		
2. Principal Place of Business - No P.O. Box # 12 SE Miracle Strip		3. Mailing Address P.O. Box 531			
Suite, Apt. #, etc. Suite #201		Suite, Apt. #, etc.			
City & State Fort Walton Beach, FL		City & State Fort Walton Beach, FL			
Zip 32548	Country	Zip 32549	Country	4. FEI Number 59-2049326	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARR, HARRY E. 1201 N. ESLIN PKWY SHALIMAR, FL 32579			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2007			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 WEST, LYNN W 30 COUNTRY CLUB RD SHALIMAR, FL 32579		<input checked="" type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUCAS, KENDRA 2811 SAM SNEAD CRT SHALIMAR, FL 32579		<input checked="" type="checkbox"/> Delete	PD JULIE COTTON 749 Vintage Circle Destin, FL. 32541	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DEASON, KRIS 1188 BROOKRIDGE TRACE FORT WALTON BEACH, FL 32547		<input checked="" type="checkbox"/> Delete	PD CLAIRE PARTAIN 610 Caribbean Way Niceville, FL. 32578	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUCAS, KENDRA 904 ELIZABETH AVE SHALIMAR, FL 32579		<input checked="" type="checkbox"/> Delete	TD MICHELLE FERREIRA 188 Fox Valley Road Shalimar, FL. 32579	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEST, LYNN W 30 COUNTRY CLUB ROAD SHALIMAR, FL 32579		<input checked="" type="checkbox"/> Delete	PD JENNY McDOWELL 239 Inverray Drive Destin, FL. 32541	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZINKE, COURTNEY 2805 SAM SNEAD COURT SHALIMAR, FL 32579		<input checked="" type="checkbox"/> Delete	SD PAIGE COLLIER 2808 Sam Snead Court Shalimar, FL. 32579	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Michelle Ferreira					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 3/19/07 Daytime Phone #: 850-822-2665					