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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710415

1. Corporation Name

EL JOBEAN COMMUNITY LEAGUE, INC.

Principal Place of Business

14344 JAMISON WAY
P.O. BOX 27123
EL JOBEAN FL 33927

Mailing Address

14344 JAMISON WAY
P.O. BOX 27123
EL JOBEAN FL 33927



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

02/22/1966

4. FEI Number

59-2793800

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

Trust Fund Contribution

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHARLES, SARA
14359 JAMISON WAY
PORT CHARLOTTE FL 33953

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Sara L. Charles*

SARA L. CHARLES

3-5-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE
NAME ROBERTSON, ROBERT
STREET ADDRESS 14405 WOODSTOCK
CITY-ST-ZIP PORT CHARLOTTE FL 33953

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME Wayne Martens
1.3 STREET ADDRESS 3830 Bravo
1.4 CITY-ST-ZIP Port Charlotte, FL. 33953

TITLE V ☒ DELETE
NAME LES, KAHN
STREET ADDRESS 7331 HEDWIG CT
CITY-ST-ZIP PT CHARLOTTE FL 33981

2.1 TITLE V ☒ Change ☐ Addition
2.2 NAME Henrietta Bartley
2.3 STREET ADDRESS 4326 Jay Cox Road
2.4 CITY-ST-ZIP Port Charlotte, FL. 33953

TITLE S ☒ DELETE
NAME ROBERTSON, MARLY
STREET ADDRESS 14405 WOODSTOCK
CITY-ST-ZIP PORT CHARLOTTE FL 33953

3.1 TITLE S ☒ Change ☐ Addition
3.2 NAME Mary L. Edwards
3.3 STREET ADDRESS 3587 Gillot Blvd.
3.4 CITY-ST-ZIP Port Charlotte, FL. 33981

TITLE T ☐ DELETE
NAME CHARLES, SARA
STREET ADDRESS 14359 JAMISON WAY
CITY-ST-ZIP PORT CHARLOTTE FL 33953

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME SHERER, SHIRLEY
STREET ADDRESS 4192 BARDOT RD
CITY-ST-ZIP PORT CHARLOTTE FL 33953

5.1 TITLE D ☒ Change ☐ Addition
5.2 NAME Tim Berini
5.3 STREET ADDRESS 4470 Nutsedge
5.4 CITY-ST-ZIP Port Charlotte, FL. 33953

TITLE D ☒ DELETE
NAME BARTLEY, HENRIETTA
STREET ADDRESS 4326 JAY COX ROAD
CITY-ST-ZIP PORT CHARLOTTE FL 33953

6.1 TITLE D ☒ Change ☐ Addition
6.2 NAME Joyce Boyd
6.3 STREET ADDRESS 14317 Worthwhile
6.4 CITY-ST-ZIP Port Charlotte, FL. 33953

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Wanda R. Martin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/99

Date

941 629 6328

Daytime Phone #

CR2E037 (1/98)