2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State
04-22-2004 90020 036 ****70.00

DOCUMENT # 710415

1. Entity Name

EL JOBEAN COMMUNITY LEAGUE, INC.

Principal Place of Business	Mailing Address
14344 JAMISON WAY P.O. BOX 27123 EL JOBEAN FL 33927	14344 JAMISON WAY P.O. BOX 27123 EL JOBEAN FL 33927

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2793800 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHARLES, SARA
4268 COMMERCIAL ST.
PORT CHARLOTTE FL 33953

7. Name and Address of New Registered Agent

Name: Boyd, Joyce
Street Address (P.O. Box Number is Not Acceptable): 4523 Browne Rd
City: Port Charlotte **FL** Zip Code: 33953

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25 Due By May 1, 2004

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P MARSHALL, JAMES 14214 RIVERBEACH DR. PORT CHARLOTTE FL 33953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SPENCE, RANDY 4144 NETTLE RD. PORT CHARLOTTE FL 33953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S EDWARDS, MARY L 3587 GILLOT BLVD PORT CHARLOTTE FL 33981	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S. FRANCES THIBIDEAU 4263 NETTLE RD PORT CHARLOTTE, FL. 33953 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CHARLES, SARA 4268 COMMERCIAL ST. PORT CHARLOTTE FL 33953	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T. JOYCE BOYD 14317 WORTHWHILE PORT CHARLOTTE, FL. 33953 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOYD, ALBERT 14317 WORTHWHILE RD PORT CHARLOTTE FL 33953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOYD, JOYCE 14317 WORTHWHILE PORT CHARLOTTE FL 33953	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. SHIRLEY SHERER 4192 BARDOT RD PORT CHARLOTTE, FL. 33953 ☒ Change ☐ Addition

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: Frances R. Thibideau - FRANCES R. THIBIDEAU 4-19-04 941-623-0589
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #