

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710415

FILED  
Jan 13, 2006  
Secretary of State

Entity Name: EL JOBEAN COMMUNITY LEAGUE, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 59-2793800      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MARSHALL, JAMES  
14214 RIVER BEACH DR  
PORT CHARLOTTE, FL 33953      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 ( ) Delete  
Name: MARSHALL, JAMES  
Address: 14214 RIVERBEACH DR.  
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: VP ( ) Delete  
Name: SPENCE, RANDY  
Address: 4144 NETTLE RD.  
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: S ( ) Delete  
Name: HULEN, RONALD  
Address: 4134 NETTLE RD  
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: T ( ) Delete  
Name: LETHIECQ, FRANCES  
Address: 4234 OAK TERRACE CIRCLE  
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: D ( ) Delete  
Name: COLEMAN, SHIRLEY  
Address: 14310 RIVER BEACH DR  
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: D ( ) Delete  
Name: OBRIEN, BETTY  
Address: 3489 KENNETH RD  
City-St-Zip: PORT CHARLOTTE, FL 33953

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: JAMES MARSHALL

P

01/13/2006

Electronic Signature of Signing Officer or Director

Date