

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-26-2007 90068 020 ****61.25

DOCUMENT # 710415	
1. Entity 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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01252007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2793800	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MARSHALL, JAMES 14214 RIVER BEACH DR PORT CHARLOTTE, FL 33953		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____

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
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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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SPENCE, RANDY 4144 NETTLE RD. PORT CHARLOTTE, FL 33953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HULEN, RONALD 4134 NETTLE RD PORT CHARLOTTE, FL 33953 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5 Elizabeth Wong <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 14244 River Beach Dr Port Charlotte, FL 33953-5801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LETHIECO, FRANCES 4234 OAK TERRACE CIRCLE PORT CHARLOTTE, FL 33953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLEMAN, SHIRLEY 14310 RIVER BEACH DR PORT CHARLOTTE, FL 33953 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Irene Grimm <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4265 Wood Duck Rd Port Charlotte, FL 33953-6079
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OBRIEN, BETTY 3489 KENNETH RD PORT CHARLOTTE, FL 33953 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dan McHenry <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 14258 Coolidge Rd Port Charlotte, FL 33953-5811

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: James A. Marshall (James A. Marshall) 02/23/07 941-255-9152
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #