

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710415

FILED  
Feb 22, 2009  
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:

14344 JAMISON WAY  
EL JOBEAN, FL 33927

## 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 (X)

## Name and Address of Current Registered Agent:

CUTTER, BEVERLY  
14501 KIPLING CT.  
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: CUTTER, BEVERLY  
Address: 1401 KIPLING CT.  
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: ROBERTSON, CATHY  
Address: 4256 WOODDUCK ROAD  
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: GRIMM, IRENE  
Address: 4265 WOOD DUCK RD  
City-St-Zip: PORT CHARLOTTE, FL 339536079

Title: D ( ) Delete  
Name: GILES, GAIL  
Address: 3850 BRAVO ROAD  
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: T (X) Change ( ) Addition  
Name: DAVID, MYERS  
Address: 14276 RIVER BEACH DRIVE  
City-St-Zip: PORT CHARLOTTE, FL 33953

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 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: BEVERLY CUTTER

P

02/22/2009

Electronic Signature of Signing Officer or Director

Date