

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711054

FILED
Apr 28, 2008
Secretary of State

Entity Name: JUNIOR SERVICE LEAGUE OF BARTOW, INC.

Current Principal Place of Business:

1040 TRASK LANE
BARTOW, FL 33830 US

New Principal Place of Business:

1155 ELEANORE AVENUE
BARTOW, FL 33830 US

Current Mailing Address:

P.O. BOX 1523
BARTOW, FL 33831 US

New Mailing Address:

FEI Number: 59-6200941

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCMILLIN, MARIANNE
1040 TRASK LANE
BARTOW, FL 33830 US

Name and Address of New Registered Agent:

YATES, KRISTA
1155 ELEANORE AVENUE
BARTOW, FL 33830 US

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: KRISTA YATES

04/28/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: MCMILLIN, MARIANNE
Address: 1040 TRASK LANE
City-St-Zip: BARTOW, FL 33830

Title: VD () Delete
Name: AGNEW, AMANDA
Address: POST OFFICE BOX 1332
City-St-Zip: HIGHLAND CITY, FL 33846

Title: TD () Delete
Name: YATES, KRISTA
Address: 1155 ELEANORE AVENUE
City-St-Zip: BARTOW, FL 33830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: AGNEW, AMANDA
Address: PO BOX 1332
City-St-Zip: HIGHLAND CITY, FL 33846

Title: VD (X) Change () Addition
Name: CLEMENTS, TALESHA
Address: 1665 S KISSENGEN AVENUE
City-St-Zip: BARTOW, FL 33830

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: KRISTA YATES

TD

04/28/2008

Electronic Signature of Signing Officer or Director

Date