2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#711054

FILED Mar 25, 2009 Secretary of State

Entity Name: JUNIOR SERVICE LEAGUE OF BARTOW, INC.

Current Principal Place of Business: New Principal Place of Business:

1155 ELEANORE AVENUE 1880 NORTHWOOD DRIVE BARTOW, FL 33830 US BARTOW, FL 33830 US

Current Mailing Address: New Mailing Address:

P.O. BOX 1523

BARTOW, FL 33831 US

FEI Number: 59-6200941 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

YATES, KRISTA

1155 ELEANORE AVENUE
BARTOW, FL 33830 US

HART, HEATHER
1880 NORTHWOOD DRIVE
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.

in the State of Florida.

SIGNATURE: HEATHER HART 03/25/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD () Delete Title: PTD (X) Change () Addition Name: AGNEW, AMANDA Name: CLEMENTS, TALESHA

Address: PO BOX 1332 Address: 1665 S KISSENGEN AVENUE City-St-Zip: HIGHLAND CITY, FL 33846 City-St-Zip: BARTOW, FL 33830

Title: VD () Delete Title: TR (X) Change () Addition

Name: CLEMENTS, TALESHA Name: HART, HEATHER

 Address:
 1665 S KISSENGEN AVENUE
 Address:
 1880 NORTHWOOD DRIVE

 City-St-Zip:
 BARTOW, FL 33830
 City-St-Zip:
 BARTOW, FL 33831

 Name:
 YATES, KRISTA
 Name:
 YATES, KRISTA

 Address:
 1155 ELEANORE AVENUE
 Address:
 1155 ELEANORE AVENUE

 City-St-Zip:
 BARTOW, FL 33830
 City-St-Zip:
 BARTOW, FL 33830

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: HEATHER HART TR 03/25/2009