
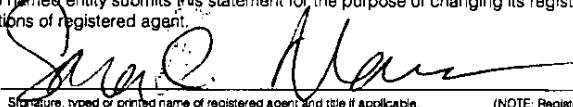
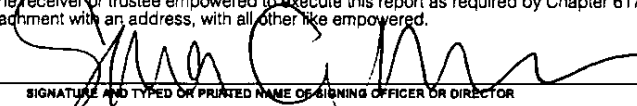


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90060 006 ****70.00

DOCUMENT # 711366 1. Entity Name JUNIOR LEAGUE OF SOUTH BREVARD, INC.					
Principal Place of Business 1515 ELIZABETH STREET SUITE B MELBOURNE, FL 32901 US			Mailing Address 1515 ELIZABETH STREET SUITE B MELBOURNE, FL 32901 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 23-7094004 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				03012007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent REEDER, MELISSA A 4605 RADFORD LANE MELBOURNE, FL 32934			7. Name and Address of New Registered Agent Name Sara C. Mayer Street Address (P.O. Box Number is Not Acceptable) 107 LaCosta St. #402 Melbourne Beach City FL Zip Code 32951		
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  DATE 3/20/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IRVIN, JULIA 620 WESTMINSTER AVE MELBOURNE, FL 32935	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Sherry, Kolleda 689 Hawksville Island Dr. Satellite Beach, FL 32937	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED KOLLEDA, SHERRY 689 HAWKSVILLE ISLAND DRIVE SATELLITE BEACH, FL 32937	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED - Melissa Reeder 4605 Radford Ln. Melbourne FL 32934	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPF REEDER, MELISSA 4605 RADFORD LANE MELBOURNE, FL 32934	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPF Sara C. Mayer 107 LaCosta St. #402 Melbourne Beach, FL 32951	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPFE WISE, MICA 1208 WINDING MEADOWS ROAD ROCKLEDGE, FL 32955	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPFE Leslie Gaslins 805 Veronica Court Indian Harbour Bch, FL 32937	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC TITUS, DAWN 281 LANSING ISLAND DRIVE SATELLITE BEACH, FL 32937	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC ERIN SCHUCK 922 SOUTH FORK CIRCLE MELBOURNE, FL 32901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPM MINTCHELL, PAULA 1431 TALAMORE LANE MELBOURNE, FL 32940	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Patricia Sutherland 767 Lake Dr. Melbourne FL 32940	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			Date 3/20/07 Daytime Phone #		