2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#711366

FILED Apr 07, 2009 Secretary of State

Entity Name: JUNIOR LEAGUE OF SOUTH BREVARD, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	ABETH STRE	ΞT			
SUITE B MELBOUR	RNE, FL 3290 ⁻	1 US			
	lailing Addres		New Mailing Addres	ss:	
	_				
SUITE B	ABETH STREI RNE, FL 3290 [.]				
FEI Number:	: 23-7094004	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	: Name and Address	of New Registered Agent:	
BARDO, L 805 VERO INDIAN H <i>A</i>	NICA CT	CH, FL 32937 US			
	named entity e of Florida.	submits this statement for th	he purpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	nic Signature of Registered	Agent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address:	PRES (REEDER, MEL 4605 RADFOR		Title: Name: Address:	() Change () Addition	
City-St-Zip:	MELBOURNE,	FL 32934 US	City-St-Zip:		
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Title: Name: Address:	MELBOURNE, P-E (SCHUCK, ERIN 4210 MILLICEI MELBOURNE, VPF (BARDO, LESLI 805 VERONICA) Delete N NT CIRCLE FL 32901 US) Delete E G	City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address:	P-E (SCHUCK, ERIN 4210 MILLICEI MELBOURNE, VPF (BARDO, LESLI 805 VERONICA INDIAN HARBO VPFE (MATTA, CATAL 3560 BULL RU) Delete I NT CIRCLE FL 32901 US) Delete E G A CT DUR BEACH, FL 32937 US) Delete INA N CT	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:		
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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: LESLIE G BARDO VPF 04/07/2009