

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90015 043 ****61.25

DOCUMENT # 711645

1. Entity Name
THE JUNIOR WOMAN'S CLUB OF LAKE LAND, FLORIDA, INC.



Principal Place of Business
**1515 WILLIAMSBURG SQ
P.O. BOX 2604
LAKE LAND, FL 33803 US**

Mailing Address
**P.O. BOX 2604
P.O. BOX 2604
LAKE LAND, FL 33806-604 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01312006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-6544760

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JACOBS AND VALENTINE
1102 S. FLA. AVE.
LAKE LAND, FL 33803**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HUNT, MARIANNE	
STREET ADDRESS	1824 MEADOW BROOK AVE	
CITY-ST-ZIP	LAKE LAND, FL 33803	
TITLE	D	<input type="checkbox"/> Delete
NAME	DU CER, TRACY	
STREET ADDRESS	2007 LORI LANE W	
CITY-ST-ZIP	LAKE LAND, FL 33801	
TITLE	P	<input type="checkbox"/> Delete
NAME	ROTH, SANDRA	
STREET ADDRESS	4908 S GACHET BLVD	
CITY-ST-ZIP	LAKE LAND, FL 33813	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HALLIER, MONICA	
STREET ADDRESS	1216 HUNT AVE	
CITY-ST-ZIP	LAKE LAND, FL 33801	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BUREYNSKI, NIKKI	
STREET ADDRESS	1209 HEIDI LANE N	
CITY-ST-ZIP	LAKE LAND, FL 33813	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HURT, TRACEY	
STREET ADDRESS	5505 HARRELLS NURSERY RD	
CITY-ST-ZIP	LAKE LAND, FL 33813	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bright, Theresa	
STREET ADDRESS	915 Shirley Ann Dr.	
CITY-ST-ZIP	LAKE LAND FL 33809	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Fisher, Corinne	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6028 Mission Dr.	
STREET ADDRESS	LAKE LAND FL 33813	
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Warren, Suzanne	
STREET ADDRESS	907 Point Way	
CITY-ST-ZIP	LAKE LAND FL 33813	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wascher, Laura	
STREET ADDRESS	479 Lindsey Dr.	
CITY-ST-ZIP	LAKE LAND FL 33809	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #