## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#712237**

FILED Apr 17, 2006 Secretary of State

Entity Name: JUNIOR SERVICE LEAGUE OF DELAND, INC.

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

PO BOX 1372

DELAND, FL 327211372

Current Mailing Address: New Mailing Address:

P.O. BOX 1372

DELAND, FL 327211372

FEI Number: 59-6146126 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:

RAINES, SAMANTHA MATTHEWS, STACEY M
905 CRESCENT PKWY 616 E PENNSYLVANIA AVE
DELAND, FL 32724 US DELAND, FL 32724 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: STACEY M MATTHEWS 04/17/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition Name: JOHNSTON, DONNA Name: GARCIA, HEATHER

Name: JOHNSTON, DONNA Name: GARCIA, HEATHER
Address: 905 CRESCENT PKWY Address: 1575 CORNER CROSSING RD

City-St-Zip: DELAND, FL 32724 City-St-Zip: DELAND, FL 32720

Title: T ( ) Delete Title: T (X) Change ( ) Addition Name: KOSHIOL, STEPHANIE Name: MATTHEWS, STACEY M

Address: 2870 VALLEY FORGE RD Address: 616 E PENNSYLVANIA AVE
City-St-Zip: DELAND, FL 32720 City-St-Zip: DELAND, FL 32724

 $\label{eq:title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf ()} \ {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X)} \ {\sf Change} \ {\sf ()} \ {\sf Addition}$ 

Name:GARCIA, HEATHERName:KOSHIOL, STEPHANIEAddress:1575 CORNER CROSSING RDAddress:2870 VALLEY FORGE ROAD

City-St-Zip: DELAND, FL 32720 City-St-Zip: DELAND, FL 32720

 $\label{eq:title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf ()} \ {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X)} \ {\sf Change} \ {\sf ()} \ {\sf Addition}$ 

 Name:
 CHANDLER, CASSIE
 Name:
 HOWARD, COURTNEY

 Address:
 1102 BLUE LAKE AVE
 Address:
 419 BERWICK CIRCLE

 City-St-Zip:
 DELAND, FL 32724
 City-St-Zip:
 DELAND, FL 32724

Title: V ( ) Delete Title: V (X) Change ( ) Addition

 Name:
 JENNINGS, DIANE
 Name:
 CHANDLER, CINDY

 Address:
 151 N PREVATT AVE
 Address:
 888 PINE TREE COURT

 City-St-Zip:
 LAKE HELEN, FL 32744
 City-St-Zip:
 DELAND, FL 32724

Title: S ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 PETERSON, JEANNE
 Name:

 Address:
 650 OLD TREELINE TRAIL
 Address:

 City-St-Zip:
 DELAND, FL 32724
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: STACEY M MATTHEWS T 04/17/2006