2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#713493

Apr 07, 2007 Secretary of State

Entity Name: JUNIOR LEAGUE OF CENTRAL & NORTH BREVARD, INC.

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

442 MAGNOLIA AVE 240 PARNELL STREET APT 25 MERRITT ISLAND, FL 32953

MERRITT ISLAND, FL 32952

New Mailing Address: Current Mailing Address:

PO BOX 538

COCOA, FL 329230538

FEI Number: 23-7117325 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:

FEARON, DAWN K CPA 535 DELÁNNOY AVE COCOA, FL 32922

OFFICERS AND DIRECTORS:

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:

Electronic Signature of Registered Agent Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

SHELTON, CATHERINE ONEK, TRUDI Name: Name: 442 MAGNOLIA AVE Address: 240 PARNELL ST Address:

City-St-Zip: MERRITT ISLAND, FL 32952 City-St-Zip: MERRITT ISLAND, FL 32953

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

ONEK, TRUDI Name: LUGO, MELISSA Name: Address: 442 MAGNOLIA AVE Address: 240 PARNELL ST

City-St-Zip: MERRITT ISLAND, FL 32952 City-St-Zip: MERRITT ISLAND, FL 32953

Title: () Delete Title: (X) Change () Addition LUGO, MELISSA OLMSTEAD, LYN Name: Name:

442 MAGNOLIA AVE 240 PARNELL ST Address: Address: MERRITT ISLAND, FL 32952 City-St-Zip: MERRITT ISLAND, FL 32953

City-St-Zip:

Title: () Delete Title: (X) Change () Addition Name: SHELLY, BERRY Name: TAMBORINI, JANET

240 PARNELL ST Address: 442 MAGNOLIA AVE Address: MERRITT ISLAND, FL 32953

City-St-Zip: MERRITT ISLAND, FL 32952 City-St-Zip:

Title: () Delete Title: (X) Change () Addition VALERIE, BARNHART TURNER, KIM Name: Name:

442 MAGNOLIA AVE 240 PARNELL ST Address: Address:

City-St-Zip: MERRITT ISLAND, FL 32952 City-St-Zip: MERRITT ISLAND, FL 32953

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: TRUDI ONEK Ρ 04/07/2007