


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 24, 2006 8:00 am**  
**Secretary of State**

07-24-2006 90001 020 \*\*\*\*70.00

**DOCUMENT # 718147**

1. Entity Name  
**JUNIOR LEAGUE OF CLEARWATER-DUNEDIN, INC.**



Principal Place of Business  
**1265 BAYSHORE DRIVE  
 DUNEDIN, FL 34698 US**

Mailing Address  
**1265 BAYSHORE DRIVE  
 DUNEDIN, FL 34698 US**

**50022881**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

07182006 Chg-NP CR2E037 (4/06)

City & State  
 Zip Country

4. FEI Number  
**59-0773585**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**JULIUS J. ZSCHAU  
 911 CHESTNUT ST  
 CLEARWATER, FL 33756**

7. Name and Address of New Registered Agent

Name  
**Jennifer Baralt**

Street Address (P.O. Box Number is Not Acceptable)  
**1835 Pine Street**

City  
**Clearwater** FL Zip Code  
**33764**

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 Jennifer Baralt, treasurer 7/17/06  
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 September 6, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCBRIDE, CORY 458 HARBOR DRIVE N INDIAN ROCKS BEACH, FL 33785 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD President Diane Gobo 1175 Skye Lane Palm Harbor, FL 34683 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED LONDRIGAN, GWIN 27 BOOTH BLVD SAFETY HARBOR, FL 34695 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD President Elect Stephanie Smith 1545 Willow Brook Drive Palm Harbor FL 34683 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCGRAIL, JENNIFER 1659 GRAY BARK DRIVE OLDSMAR, FL 34677 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Treasurer Jennifer Baralt 1835 Pine Street Clearwater, FL 33764 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HESS, THERESA 335 S FOX HILL DRIVE CLEARWATER, FL 33761 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Secretary Lynne Shoars 3045 Pointevue Drive Tampa FL 33611 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVD SHY, STACIE 3983 EXECUTIVE DR PALM HARBOR, FL 34685 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVD Finance Vice President Sharon Gilbert 2101 Alexis Court Tarpon Springs FL 34689 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVD COLE, KATIE 804 MANDALAY AVE CLEARWATER BEACH, FL 33767 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVD Community Vice President Stephanie Dawson 3553 Fairway Forest Drive Palm Harbor, FL 34685 <input type="checkbox"/> Change <input checked="" 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: Jennifer Baralt, Jennifer Baralt 7/17/06 727-443-5479  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #