2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #718147

1. Entity Name

JUNIOR LEAGUE OF CLEARWATER-DUNEDIN, INC.



FILED Jan 17, 2007 08:00 AM Secretary of State

Principal Place of Business

1265 BAYSHORE DRIVE DUNEDIN, FL 34698 US Mailing Address

1265 BAYSHORE DRIVE DUNEDIN, FL 34698 US



DO NOT WRITE IN THIS SPACE

01082007 No Chg-NP

CR2E037 (4/06)

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

BARALT, JENNIFER 1835 PINE STREET CLEARWATER, FL 33764

SIGNATURE:

DO NOT WRITE IN THIS SPACE

| the obligations of registered egent. | | | | | | | |
|---|--|--|--|--------------------------------|--------------------------|--|--|
| 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, 2007 | Election Campaign Financing Trust Fund Contribution. | | \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | | | <u> </u> | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GOBO, DIANE 1175 SKYE LANE PALM HARBOR, FL 34683 | | U00000589304 01/18/07-80010-021 70.00 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VDPE SMITH, STEPHANIE 1545 WILLOW BROOK DR PALM HARBOR, FL 34683 | | | | 01/18/07-80010-021 70.00 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD BARALT, JENNIFER 1835 PINE STREET CLEARWATER, FL. 33764 | | DO NOT WRITE IN THIS SPACE | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD SHEARS, LYNNE 3045 POINTVIEW DR TAMPA, FL 33611 | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CVD GILBERG, SHARON 2101 ALEXIS COURT TARPON SPRINGS, FL 34689 | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CVD DAWSON, STEPHANY 3553 FAIRWAY FOREST DR PALM HARBOR, FL 34685 | | | | | | |
| 12. I hereby certify that the information supplied with this filling 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 cath; 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. | | | | | | | |

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