


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90072 048 ****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**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01152008 Chg-NP CR2E037 (12/06)

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**

7. Name and Address of New Registered Agent

Name **Shena S. Cothran**

Street Address (P.O. Box Number is Not Acceptable)
2731 Via Capri # 938

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008

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 NAME STREET ADDRESS CITY-ST-ZIP	PD GOBO, DIANE 1175 SKYE LANE PALM HARBOR, FL 34683	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDPE SMITH, STEPHANIE 1545 WILLOW BROOK DR PALM HARBOR, FL 34683	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARALT, JENNIFER 1835 PINE STREET CLEARWATER, FL 33764	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHEARS, LYNNE 3045 POINTVIEW DR TAMPA, FL 33611	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVD GILBERG, SHARON 2101 ALEXIS COURT TARPON SPRINGS, FL 34689	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVD DAWSON, STEPHANY 3553 FAIRWAY FOREST DR PALM HARBOR, FL 34685	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Elect (VDPE) Felicia Leonard 1851 Glenville Drive Clearwater FL 33765	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Finance VP (CVD) Georgine Brancato 50 Camelia Ct Oldsmar FL 34677	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer (TD) Shena Cothran 2731 Via Capri # 938 Clearwater FL 33764	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary (SD) Stacy Barnett 2155 Elm St. #708 Dunedin FL 34698	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President (PD)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Community VP (CVD) Michele Allen 725 Scotland Street Dunedin FL 34698	<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: Shena S. Cothran Date 1-15-08 Daytime Phone # 727.543.3252

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR