

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719775

FILED
Jul 13, 2006
Secretary of State

Entity Name: JUNIOR CHAMBER INTERNATIONAL (JCI) INC.

Current Principal Place of Business:

15645 OLIVE BOULEVARD
CHESTERFIELD, MO 63017

New Principal Place of Business:

Current Mailing Address:

15645 OLIVE BOULEVARD
CHESTERFIELD, MO 63017

New Mailing Address:

FEI Number: 59-0738429 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

EZELL, BOYCE F III
2333 PONCE DE LEON BOULEVARD
STE 303
CORAL GABLES, FL 33134 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SANCHEZ-ARIAS, FERNANDO
Address: 15645 OLIVE BOULEVARD
City-St-Zip: CHESTERFIELD, MO 63017

Title: ISD () Delete
Name: KODAMA, EDSON
Address: 15645 OLIVE BOULEVARD
City-St-Zip: CHESTERFIELD, MO 63017

Title: TD () Delete
Name: PARRISH, LISA
Address: 15645 OLIVE BOULEVARD
City-St-Zip: CHESTERFIELD, MO 63017

Title: LCD (X) Delete
Name: OKUMOTO, MATSUKI
Address: 15645 OLIVE BOULEVARD
City-St-Zip: CHESTERFIELD, MO 63017

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HAJSLUNV, LARS
Address: 15645 OLIVE BOULEVARD
City-St-Zip: CHESTERFIELD, MO 63017

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: PONLIN, LORI
Address: 15645 OLIVE BOULEVARD
City-St-Zip: CHESTERFIELD, MO 63017

Title: () Change () Addition
Name:
Address:
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: EDSON KODAMA

S/D

07/13/2006

Electronic Signature of Signing Officer or Director

Date