

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

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 721928

1. Entity Name
**JUNIOR LEAGUE OF GREATER FORT LAUDERDALE,
INC.**



Principal Place of Business
**704 SOUTHEAST 1ST STREET
FORT LAUDERDALE, FL 33301**

Mailing Address
**704 SOUTHEAST 1ST STREET
FORT LAUDERDALE, FL 33301**

DO NOT WRITE IN THIS SPACE



01302006 No Chg-NP CR2E037 (11/05)

4. FEI Number **59-0932711** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$9.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GOODCHILD, QUINN F MRS.
704 SOUTHEAST 1ST STREET
FORT LAUDERDALE, FL 33301**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

UUUUUU0491066
04/19/06-80006-025 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MINOR, LAURA
STREET ADDRESS 704 SOUTHEAST 1ST STREET
CITY-ST-ZIP FORT LAUDERDALE, FL 33301

TITLE VD
NAME IRWIN, BECKY
STREET ADDRESS 704 SOUTHEAST 1ST STREET
CITY-ST-ZIP FORT LAUDERDALE, FL 33301

TITLE SD
NAME OWEN, SARAH
STREET ADDRESS 704 SOUTHEAST 1ST STREET
CITY-ST-ZIP FORT LAUDERDALE, FL 33301

TITLE TD
NAME PAUL, STEPHANIE
STREET ADDRESS 704 SOUTHEAST 1ST STREET
CITY-ST-ZIP FORT LAUDERDALE, FL 33301

TITLE VD
NAME GOODCHILD, QUINN
STREET ADDRESS 704 SOUTHEAST 1ST STREET
CITY-ST-ZIP FORT LAUDERDALE, FL 33301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

March 31, 2006 (847) 630-3496