

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724354

FILED
Apr 19, 2006
Secretary of State

Entity Name: JUNIOR SERVICE LEAGUE OF GREATER NEW PORT RICHEY, INC.

Current Principal Place of Business:

P.O. BOX 412
NEW PT RICHEY, FL 346560412 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 412
NEW PT RICHEY, FL 346560412 US

New Mailing Address:

FEI Number: 23-7289817

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FITZGERALD, MARDI
5442 FOLEY SQUARE
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

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: 2VD () Delete
Name: PEMBERTON, LUCIE
Address: 10046 GREEN IVY
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: T () Delete
Name: TURNER, PENNY
Address: 8829 KILMER WAY
City-St-Zip: HUDSON, FL 34667

Title: RS () Delete
Name: FINK, LAURA
Address: 9851 ALVERNON
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: 1VD () Delete
Name: KAREL, KIMBERLY
Address: 6031 PLK STREET
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: P () Delete
Name: FITZGERALD, MARDI
Address: 5442 FOLEY SQUARE
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: 1VD (X) Change () Addition
Name: PEMBERTON, LUCIE
Address: 10046 GREEN IVY
City-St-Zip: NEW PORT RICHEY, FL 34655

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

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

Title: PD (X) Change () Addition
Name: KAREL, KIMBERLY
Address: 6031 POLK STREET
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D (X) Change () Addition
Name: FITZGERALD, MARDI
Address: 5442 FOLEY SQUARE
City-St-Zip: NEW PORT RICHEY, FL 34652

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: MARDI FITZGERALD

RA

04/19/2006

Electronic Signature of Signing Officer or Director

Date