

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725069

FILED
Apr 28, 2009
Secretary of State

Entity Name: THE JUNIOR LEAGUE OF OCALA, FLORIDA, INC.

Current Principal Place of Business:

2034 SE 13TH STREET
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

P O BOX 5954
OCALA, FL 34478

New Mailing Address:

FEI Number: 59-2264924

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BAKER, MARGARET E
2034 SE 13TH STREET
OCALA, FL 34471 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: PD () Delete
Name: BURZOTTA, JENNY
Address: 2316 SE 31ST PLACE
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: BAKER, MARGARET
Address: 2034 SE 13TH STREET
City-St-Zip: OCALA, FL 34471

Title: FD () Delete
Name: EILAND, BETH
Address: 1232 SE 15TH STREET
City-St-Zip: OCALA, FL 34471

Title: SD () Delete
Name: DIONNE, STACEY
Address: 4506 SE 15TH STREET
City-St-Zip: OCALA, FL 34471

Title: TD () Delete
Name: LEWIS, GWYNNE
Address: 4450 SE 120TH STREET
City-St-Zip: BELLEVIEW, FL 34420

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BAKER, MARGARET
Address: 2034 SE 13TH STREET
City-St-Zip: OCALA, FL 34471

Title: D (X) Change () Addition
Name: GILL, SUMMER
Address: 1850 SE 18TH AVE #1501
City-St-Zip: OCALA, FL 34471

Title: FD (X) Change () Addition
Name: LEWIS, GWYNNE
Address: 4450 SE 120TH ST
City-St-Zip: OCALA, FL 34420

Title: SD (X) Change () Addition
Name: DANIELS, MISSY
Address: 4036 SE 17TH PLACE
City-St-Zip: OCALA, FL 34471

Title: TD (X) Change () Addition
Name: VILLELLA, SARAH
Address: 153 SE 33RD AVE
City-St-Zip: OCALA, FL 33471

I hereby certify that the information supplied with this filing does not qualify 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: SARAH VILLELLA

TD

04/28/2009

Electronic Signature of Signing Officer or Director

Date