


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90042 012 \*\*\*\*61.25

<b>DOCUMENT # 726662</b>					
1. Entity Name <b>THE JUNIOR LEAGUE OF TAMPA, INC.</b>					
Principal Place of Business 87 COLUMBIA DRIVE TAMPA, FL 33606			Mailing Address 87 COLUMBIA DRIVE TAMPA, FL 33606		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-0693993</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MARK LENKER</b> 87 COLUMBIA DRIVE TAMPA, FL 33606			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CVPD	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIVERS, PAM		NAME	Divers, Pam	
STREET ADDRESS	12299 S. ROXMERE ROAD		STREET ADDRESS	1229 S. Roxmere Road	
CITY-ST-ZIP	TAMPA, FL 33629		CITY-ST-ZIP	Tampa, FL 33629	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	CSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMPSON, SUSAN		NAME	Lee Ellen Banks	
STREET ADDRESS	4205 W. LEONA STREET		STREET ADDRESS	9602 Greenpointe Drive	
CITY-ST-ZIP	TAMPA, FL 33629		CITY-ST-ZIP	Tampa, FL 33626	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, KATHLEEN		NAME		
STREET ADDRESS	3324 W. SEVILLA CRICLE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33629		CITY-ST-ZIP		
TITLE	CSD	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, JENNIFER		NAME	Johnson, Jennifer	
STREET ADDRESS	907 S. DAKOTA AVENUE		STREET ADDRESS	907 S. Dakota Avenue	
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP	Tampa, FL 33606	
TITLE	RSD	<input checked="" type="checkbox"/> Delete	TITLE	RSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELLEGATTO, MARY ANN		NAME	Wilson, Lori	
STREET ADDRESS	3206 S. SCHILLER STREET		STREET ADDRESS	36913 Center Avenue	
CITY-ST-ZIP	TAMPA, FL 33629		CITY-ST-ZIP	Dade City, FL 33525	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	CVPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOUGHTON, SUSAN		NAME	Touchton, Susan	
STREET ADDRESS	2514 W. JETTON AVENUE		STREET ADDRESS	2916 Villa Rosa Park	
CITY-ST-ZIP	TAMPA, FL 33629		CITY-ST-ZIP	Tampa, FL 33611	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <u>Susan Touchton</u>		Date: <u>3/18/05</u>		Daytime Phone #: <u>813-254-1734</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					