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

SIGNATURE:

## May 01, 2006 8:00 am Secretary of State **DOCUMENT #726662** 05-01-2006 90466 013 \*\*\*\*61.25 THE JUNIOR LEAGUE OF TAMPA, INC. Principal Place of Business Mailing Address UUUUWUUU 87 COLUMBIA DRIVE 87 COLUMBIA DRIVE TAMPA, FL 33606 TAMPA, FL 33606 2. Principal Place of Business 3, Mailing Address Suite, Apt. #, etc. Sulte, Apt. #, etc. 04172006 Chg-NP CR2E037 (11/05) City & State City & State Applied For FEI Number 59-0693993 Not Applicable Zip Country Ziο Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARK LENKER 87 COLUMBIA DRIVE Street Address (P.O. Box Number is Not Acceptable) **TAMPA, FL 33606** City Zip Code 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 reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fe OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TILE Change ☐ Addition NAME DIVERS, PAM NAME STREET ADDRESS 12299 S. ROXMERE ROAD STREET ADDRESS TAMPA, FL 33629 CITY-ST-ZIP CTY-ST-7P CSD CSD Delete TITLE ☐ Change Addition NAME BANKS, LEE E NAME Burden, Allison STREET ADDRESS 9602 GREENPOINTE DRIVE STREET ADDRESS 1412 S. Desoto Avenue CITY-ST-ZIP **TAMPA, FL 33626** COTY-ST-ZIP Tampa FL 33606 2 Delete TITLE TITLE ☐ Change X Addition LOPEZ, KATHLEEN NAME Hogan, Michelle STREET ADDRESS 3324 W. SEVILLA CRICLE STREET ADDRESS 4549 W. Swann Avenue CITY-ST-ZIP TAMPA, FL 33629 CITY-ST-ZIP Tampa, FL 33609 TD Delete TITLE ☐ Change ☐ Addition JOHNSON, JENNIFER NAME MALAE 907 S. DAKOTA AVENUE STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP **TAMPA, FL 33606** CITY-ST-ZIP RSD CVPD TITLE TITLE IX Delete Change | X Addition WILSON, LORI NAME Carlstedt, Jen STREET ADORESS 36913 CENTER AVENUE STREET ADDRESS 3238 W. Lawn Avenue CITY-ST-ZIP DADE CITY, FL 33525 CITY-ST-ZIP Tampa, FL 33611 TITLE CVPD ☑ Delete TITLE Change ■ Addition TOUCHTON, SUSAN NAME MASAC Touchton, Susan STREET ADDRESS 2916 VILLA ROSA PARK STREET ADDRESS 2916 Villa Rosa Park CITY-ST-ZIP TAMPA, FL 33611 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained B Chapter 19, 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/his report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attackment with an address, with all either like empowered.

FILED

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