


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90006 031 ****61.25

DOCUMENT # 726662
 1. Entity Name
THE JUNIOR LEAGUE OF TAMPA, INC.



Principal Place of Business
 87 COLUMBIA DRIVE
 TAMPA, FL 33606

Mailing Address
 87 COLUMBIA DRIVE
 TAMPA, FL 33606

40043194



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02272007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
 59-0693993

Applied For
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARK LENKER
 87 COLUMBIA DRIVE
 TAMPA, FL 33606

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DIVERS, PAM 12299 S. ROXMERE ROAD TAMPA, FL 33629 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CSD BURDEN, ALLISON 1412 SOUTH DESOTO AVENUE TAMPA, FL 33606 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | RSD HOGAN, MICHELLE 4549 WEST SWANN AVENUE TAMPA, FL 33609 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD JOHNSON, JENNIFER 907 S. DAKOTA AVENUE TAMPA, FL 33606 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CVPD CARLSTEDT, JEN 3238 WEST LAWN AVENUE TAMPA, FL 33611 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P TOUCHTON, SUSAN 2916 VILLA ROSA PARK TAMPA, FL 33611 <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P TOUCHTON, SUSAN 2916 VILLA ROSA PARK TAMPA, FL 33611 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CVPD BURDEN, ALLISON 1412 SOUTH DESOTO AVENUE TAMPA, FL 33606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | RSD CARLSTEDT, JEN 3238 WEST LAWN AVENUE TAMPA, FL 33611 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P JOHNSON, JENNIFER 907 S. DAKOTA AVENUE TAMPA, FL 33606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CSD GARRATY, WENDY 711 S. PACKWOOD AVE TAMPA, FL 33606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD GRAHAM, BETSY 2433 W. WATROUS AVE TAMPA, FL 33629 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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: Jennifer L. Johnson Date: MAR 20, 2007 Daytime Phone #: 813.254.1734
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JENNIFER L. JOHNSON