

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738692

FILED
Apr 06, 2005
Secretary of State

Entity Name: JUNIOR'S CHARITABLE FUND, INC.

Current Principal Place of Business:

P.O. BOX 6114
HOLLYWOOD, FL 33081

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6114
HOLLYWOOD, FL 33081

New Mailing Address:

FEI Number: 59-1766058

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELIZZA, JOANNE
1602 EASTLAKE JOY
WESTONE, FL 33326 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: DELIZZA, JOANNE
Address: 1602 EASTLAKE WAY
City-St-Zip: WESTON, FL 33326

Title: VPD () Delete
Name: MITCHELL, BETTY ANN
Address: 1801 N. 52 ND AVENUE
City-St-Zip: HOLLYWOOD, FL 33021

Title: SD () Delete
Name: JEZEK, KARLA
Address: 5123 LAKEWOOD DRIVE
City-St-Zip: COOPER CITY, FL 33330

Title: TD () Delete
Name: SOURS, KATHERINE E
Address: 2814 MORNING GLORY LANE
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KATHERINE E. SOURS

TD

04/06/2005

Electronic Signature of Signing Officer or Director

Date