2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#738692

City-St-Zip: HOLLYWOOD, FL 33021

Entity Name: JUNIOR'S CHARITABLE FUND. INC.

FILED Apr 29, 2003 Secretary of State

y		S CHARTABLE FORD, IIVC.				
Current Principal Place of Business:			New Principal Place of Business:			
P.O. BOX HOLLYWO	6114 DOD, FL 3308	1				
Current Mailing Address:			New Mailing Address:			
P.O. BOX HOLLYWO	6114 DOD, FL 3308	1				
FEI Number	: 59-1766058	FEI Number Applied For()	FEI Number Not App	cable () Certificate o	of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and	Address of New Registe	ered Agent:	
	JOANNE TLAKE JOY E, FL 33326	US				
	e named entity : e of Florida.	submits this statement for the	purpose of changing i	s registered office or regi	stered agent, or both,	
SIGNATU	RE:					
	Electror	ic Signature of Registered Ag	jent	Dat	ie	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PD () DELIZZA, JOAI 1602 EASTLAK WESTON, FL :	E WAY	Title: Name: Address: City-St-Zip:	()Change ()A	ddition	
Title: Name: Address: City-St-Zip:	THOMPSON, M 17408 NW 8TH		Title: Name: Address: City-St-Zip:	VPD (X) Change () A MITCHELL, BETTY ANN 1801 N. 52 ND AVENUE HOLLYWOOD, FL 33021	Addition	
Title: Name: Address: City-St-Zip:	SD () CHASE, CAVEN 5000 W PARK HOLLYWOOD,	RD	Title: Name: Address: City-St-Zip:	SD (X) Change () A JEZEK, KARLA 5123 LAKEWOOD DRIVE COOPER CITY, FL 33330	Addition	
Title: Name: Address:	TD () PAPARELLA, D 5507 ROOSEV		Title: Name: Address:	TD (X) Change () A SOURS, KATHERINE E 2814 MORNING GLORY LAN		

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.

City-St-Zip: DAVIE, FL 33328

SIGNATURE: KATHERINE E. SOURS TD 04/29/2003