


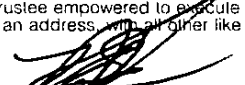
2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90308 024 ****61.25

DOCUMENT # 741443					
1. Entity Name THE JUNIOR SERVICE LEAGUE OF BROOKSVILLE, INC.					
Principal Place of Business P.O. BOX 936 BROOKSVILLE FL 34605 US			Mailing Address P.O. BOX 936 BROOKSVILLE FL 34605 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1232904	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOODRUFF, RANDY 801 S BROAD ST BROOKSVILLE FL 34601			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when transferring)</small> DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NUGENT, WENDY 1152 FLORIAN WAY SPRING HILL FL 34609 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NUGENT, WENDY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1152 FLORIAN WAY SPRING HILL, FL 34609	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HECKMAN, KIMETHA 9282 BELVEDERE ST SPRING HILL FL 34608 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HECKMAN, KIMETHA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9282 Belvedere ST SPRING HILL, FL 34608	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BISHOP, ROBIN <input checked="" type="checkbox"/> Delete 24444 KIWI LANE BROOKSVILLE FL 34601		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Andrea Burdin <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 20444 Gamble Dr. Brooksville, FL 34601	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WELTE, LAUREL <input type="checkbox"/> Delete 10064 WEEKS DR BROOKSVILLE FL 34601		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Linda Barry <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 25260 Lake Lindsey Rd Brooksville, FL 34601	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, NICKIE <input checked="" type="checkbox"/> Delete 2464 GOLD HILL ROAD BROOKSVILLE FL 34601		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  Nickie E. Johnson (T) 4/19/06