2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# 751415

Entity Name: JOHN'S ISLAND COMMUNITY SERVICE LEAGUE, INC.

Current Principal Place of Business:

TAMBOURINE
1619 TENTH AVENUE
VERO BEACH, FL 32960 US

New Principal Place of Business:

Current Mailing Address:

6001 N A-1-A, STE 8133
INDIAN RIVER SHORES, FL 329638133 US

New Mailing Address:

6001 N A-1-A,
STE. 8133
INDIAN RIVER SHORES, FL 329638133 US

FEI Number: 59-1978180 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LONGWELL, ASHBY
600 INDIAN HARBOR RD
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

LONGWELL, ASHBY
600 INDIAN HARBOR RD
INDIAN RIVER SHORES, FL 32963 US

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: ASHBY LONGWELL 01/05/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:	T	( ) Delete
Name:	LONGWELL, ASHBY	
Address:	600 INDIAN HARBOR RD	
City-St-Zip:	VERO BEACH, FL 32963	
Title:	VP	( ) Delete
Name:	MCILWAIN, JOAN	
Address:	305 COCONUT PALM RD	
City-St-Zip:	VERO BEACH, FL 32963	
Title:	MS	( ) Delete
Name:	LYNCH, KAROL	
Address:	80 TORTOISE WAY	
City-St-Zip:	VERO BEACH, FL 32963	
Title:	RS	( ) Delete
Name:	FOX, KAREN	
Address:	731 SHADY LAKE LANE	
City-St-Zip:	VERO BEACH, FL 32963	
Title:	P	( ) Delete
Name:	HAUPTFUHRGR, BARBARA	
Address:	535 COCONUT PALM RD	
City-St-Zip:	VERO BEACH, FL 32963	
Title:	CS	( ) Delete
Name:	JACOBSEN, ELIZABETH	
Address:	171 LAUREL OAK LANE	
City-St-Zip:	VERO BEACH, FL 32963	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	MANLEY, JEANNE	
Address:	1050 BEACH ROAD, APT. 2H	
City-St-Zip:	VERO BEACH, FL 32963	
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 exemption stated 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 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: ASHBY LONGWELL T 01/05/2009
Electronic Signature of Signing Officer or Director Date