

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751415

FILED
Jan 05, 2011
Secretary of State

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:

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
INDIAN RIVER SHORES, FL 32963 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: T
Name: LONGWELL, ASHBY
Address: 600 INDIAN HARBOR RD
City-St-Zip: INDIAN RIVER SHORES, FL 32963

Title: P
Name: HIGGS, MARIA
Address: 350 SHORES DRIVE
City-St-Zip: INDIAN RIVER SHORES, FL 32963

Title: MS
Name: LYNCH, KAROL
Address: 80 TORTOISE WAY
City-St-Zip: INDIAN RIVER SHORES, FL 32963

Title: RS
Name: BABICKA, LYNN
Address: 360 ISLAND CREEK DR.
City-St-Zip: INDIAN RIVER SHORES, FL 32963

Title: VP
Name: LYNCH, KAROL
Address: 80 TORTOISE WAY
City-St-Zip: INDIAN RIVER SHORES, FL 32963

Title: CS
Name: MINTON, APRIL
Address: 20 DOVE SHELL LANE
City-St-Zip: INDIAN RIVER SHORES, FL 32963

I hereby 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 all other like empowered.

SIGNATURE: ASHBY LONGWELL

T

01/05/2011

Electronic Signature of Signing Officer or Director

Date