



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2006 8:00 am
Secretary of State

05-30-2006 90040 040 ****61.25

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|--|--|---|---|---|--|
| DOCUMENT # N00000007330 1. Entity Name THE JUNIOR LEAGUE OF CLEARWATER-DUNEDIN FOUNDATION, INC. | | | |  | |
| Principal Place of Business 209 TURNER STREET CLEARWATER, FL 33756 | | | Mailing Address 209 TURNER STREET CLEARWATER, FL 33756 | | |
| 2. Principal Place of Business 1265 Bayshore Blvd. Suite, Apt. #, etc. | | 3. Mailing Address 1265 Bayshore Blvd. Suite, Apt. #, etc. | |  | |
| City & State Dunedin, FL | | City & State Dunedin, FL | | 4. FEI Number 26-0046220 | |
| Zip 34698 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent STANLEY, GYNETH S 209 TURNER STREET CLEARWATER, FL 33756 | | | 7. Name and Address of New Registered Agent Name Nancy Sawayda Street Address (P.O. Box Number is Not Acceptable) 1265 Bayshore Blvd. City Dunedin FL Zip Code 34698 | | |
| 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 Nancy Sawayda Nancy Sawayda, Treasurer 5-25-06 <small>Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by September 6, 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 | D DUNCAN, HOLLY 2724 BURNING TREE LANE CLEARWATER, FL 33761 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Ann Rogers 340 First Street North, Unit F St. Petersburg, FL 33701 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RABON, KATHY 107 PARK STREET SAFETY HARBOR, FL 34695 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T Nancy Sawayda 1825 Brentwood Drive Clearwater, FL 33764 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CROWN, KAREN 2 SEASIDE LANE #104 BELLEAIR, FL 33756 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Renetta Cochran 11432 Cimaron Circle W Largo, FL 33774 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STANLEY, GYNETH S 421 DRUID ROAD CLEARWATER, FL 33756 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JoAnna Andriola 416 Lotus Path Clearwater, FL 33756 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COCHRAN, RENETTA 11432 CIMARON CIRCLE W LARGO, FL 33774 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Cheri Elliott 2667 Crystal Circle Dunedin, FL 34698 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LONDRIGAN, GWIN 27 BOOTH BLVD SAFETY HARBOR, FL 34695 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Sara Simmons 33 North Pine Circle Belleair, FL 33756 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Nancy Sawayda Nancy Sawayda, Treasurer 5/25/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

(727)443-4474

ATTACHMENT

40094611

D

#N00000007330

Addition

Ernestine Bean

300 Brookside Court

Palm Harbor, FL 34683

D

Addition

Pam Ora

1155 SKye Lane

Palm Harbor, FL 34683

D

Addition

Diane Gobo

1175 SKye Lane

Palm Harbor, FL 34683

D

Addition

Stephanie Smith

1545 Willow Brook Drive

Palm Harbor, FL 34683