


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # N00000007330	
1. Entity Name THE JUNIOR LEAGUE OF CLEARWATER-DUNEDIN FOUNDATION, INC.	

Principal Place of Business 1265 BAYSHORE BOULEVARD DUNEDIN, FL 34698 US	Mailing Address 1265 BAYSHORE BOULEVARD DUNEDIN, FL 34698 US
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04042007 No Chg-NP CR2E037 (4/08)

DO NOT WRITE IN THIS SPACE

4. FEI Number 26-0046220	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SAWAYDA, NANCY 1265 BAYSHORE BOULEVARD DUNEDIN, FL 34698
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**DO NOT WRITE
IN THIS SPACE**

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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROGERS, ANN 340 FIRST STREET NORTH SUITE F SAINT PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RABON, KATHY 107 PARK STREET SAFETY HARBOR, FL 34695
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAWAYDA, NANCY 1825 BRENTWOOD DRIVE CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDRIOLA, JOANNA 416 LOTUS PATH CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COCHRAN, RENETTA 11432 CIMARON CIRCLE W LARGO, FL 33774
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIOTT, CHERI 2667 CRYSTAL CIRCLE DUNEDIN, FL 34698

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04/17/07-80025-017 61.25

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IN THIS SPACE**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-07
Date Daytime Phone #