

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001397

FILED
Apr 02, 2009
Secretary of State

Entity Name: THE JUNO FOUNDATION OF ORLANDO, INC.

Current Principal Place of Business:

6331 DOGWOOD DR.
ORLANDO, FL 32807 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 536266
ORLANDO, FL 32853 US

New Mailing Address:

FEI Number: 52-2439864

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NALE, JAE
6331 DOGWOOD DR.
ORLANDO, FL 32807 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: P () Delete
Name: WOOD, GENIE
Address: 832 E. AMELIA STREET
City-St-Zip: ORLANDO, FL 32803

Title: VP () Delete
Name: LIAZY, BILLIE
Address: 507 WAVECREST DR.
City-St-Zip: ORLANDO, FL 32807

Title: T () Delete
Name: NALE, JAE
Address: 6331 DOGWOOD DR.
City-St-Zip: ORLANDO, FL 32807

Title: S () Delete
Name: LEWIS, TAMMY
Address: 1380 MICHIGAN AVE.
City-St-Zip: WINTER PARK, FL 32789

Title: GM () Delete
Name: VOSS, CAROLE
Address: 223 HERON STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: JAE NALE

TRE

04/02/2009

Electronic Signature of Signing Officer or Director

Date