

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005485

FILED
Apr 15, 2009
Secretary of State

Entity Name: THE JUNIOR LEAGUE OF MIAMI FOUNDATION, INC.

Current Principal Place of Business:

713 BILTMORE WAY
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

713 BILTMORE WAY
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-1213167

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPACE, SONDR
713 BILTMORE WAY
CORAL GABLES, FL 33134 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: JOHNSON, LINDA PRES
Address: P.O. BOX 431244
City-St-Zip: MIAMI, FL 33243 12

Title: VP () Delete
Name: MARTINEZ-CARBONELL, KARELIA VP
Address: 532 ALTARA AVENUE
City-St-Zip: CORAL GABLES, FL 33146

Title: S () Delete
Name: YOUNG, MARY SEC
Address: 1115 COUNTRY CLUB PRADO
City-St-Zip: CORAL GABLES, FL 33134

Title: T () Delete
Name: GONZALEZ, ANIELLA TREAS
Address: 14320 S.W. 19 TERRACE
City-St-Zip: MIAMI, FL 33175

Title: D () Delete
Name: RAMIREZ-PATRICIOS, MICHELLE DIR
Address: 1221 LUGO AVENUE
City-St-Zip: CORAL GABLES, FL 33156

Title: D () Delete
Name: SHARP, KARA DIR
Address: 710 WOODCREST ROAD
City-St-Zip: KEY BISCAYNE, FL 33149

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
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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: ANIELLA GONZALEZ

TREA

04/15/2009

Electronic Signature of Signing Officer or Director

Date