


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90015 031 \*\*\*\*61.25

<b>DOCUMENT # N05000000863</b> 1. Entity Name <b>THE JUNIOR LEAGUE OF BOCA RATON ENDOWMENT FUND, INC.</b>					
Principal Place of Business <b>261 NW 13TH STREET BOCA RATON, FL 33432-1402</b>			Mailing Address <b>261 NW 13TH STREET BOCA RATON, FL 33432-1402</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-2240440</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>DONOGHUE, LINDA 261 NW 13TH STREET BOCA RATON, FL 33432-1402</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD KREVSACH, CYNTHIA <input type="checkbox"/> Delete		TITLE	<b>KREVSACH</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	749 PARKSIDE CIRCLE NORTH		NAME	(spelling only)	
STREET ADDRESS	BOCA RATON, FL 33486		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VD MULHALL, LISA <input type="checkbox"/> Delete		TITLE		
NAME	10268 AVENIDA DEL RIO		NAME		
STREET ADDRESS	DELRAY BEACH, FL 33446		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	SD DAMRON, PATTIE <input type="checkbox"/> Delete		TITLE		
NAME	2120 NW 25TH STREET		NAME		
STREET ADDRESS	BOCA RATON, FL 33431		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	TD CRASKE, LUCY <input type="checkbox"/> Delete		TITLE		
NAME	339 COCONUT PALM ROAD		NAME		
STREET ADDRESS	BOCA RATON, FL 33432		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <u>Cynthia A. Mulhall</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/21/06 561 706 8685 <small>Date Daytime Phone #</small>		