

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90011 006 ****61.25

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1. Entity Name
**THE JUNIOR LEAGUE OF BOCA RATON ENDOWMENT
FUND, INC.**



Principal Place of Business
**261 NW 13TH STREET
BOCA RATON, FL 33432-1402**

Mailing Address
**261 NW 13TH STREET
BOCA RATON, FL 33432-1402**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01312007 Chg-NP CR2E037 (12/06)

4. FEI Number
20-2240440

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DONOGHUE, LINDA
261 NW 13TH STREET
BOCA RATON, FL 33432-1402**

Name **CAUDEN, JODY**

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 *Jody A. Cauden* *Jody A. Cauden* *2/8/07*
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
Trust Fund Contribution. ☐

**\$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 PD ☒ Delete
NAME KREBSBACH, CYNTHIA
STREET ADDRESS 749 PARKSIDE CIRCLE NORTH
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE PD ☐ Change ☒ Addition
NAME **CAROLE PUTMAN**
STREET ADDRESS **3830 NW 29TH DR.**
CITY-ST-ZIP **BOCA RATON, FL 33434**

TITLE VD ☒ Delete
NAME MULHALL, LISA
STREET ADDRESS 10268 AVENIDA DEL RIO
CITY-ST-ZIP DELRAY BEACH, FL 33446

TITLE VD ☐ Change ☒ Addition
NAME **DOROTHY MACDIARMID**
STREET ADDRESS **919 NW 2ND AVE.**
CITY-ST-ZIP **DELRAY BEACH, FL 33444**

TITLE SD ☐ Delete
NAME DAMRON, PATTIE
STREET ADDRESS 2120 NW 25TH STREET
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME CRASKE, LUCY
STREET ADDRESS 339 COCONUT PALM ROAD
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE: *Carole L. Putman* *2/8/07* *561-620-2553*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #