

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000863

FILED  
Jan 13, 2009  
Secretary of State

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

**Current Principal Place of Business:**

261 NW 13TH STREET  
BOCA RATON, FL 334321402

**New Principal Place of Business:**

**Current Mailing Address:**

261 NW 13TH STREET  
BOCA RATON, FL 334321402

**New Mailing Address:**

**FEI Number:** 20-2240440

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CRUDEN, JODY  
261 NW 13TH STREET  
BOCA RATON, FL 334321402 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: PD ( ) Delete  
Name: PUTMAN, CAROLE  
Address: 2830 NW 29TH DR  
City-St-Zip: BOCA RATON, FL 33434

Title: VD ( ) Delete  
Name: MACDIARMID, DOROTHY  
Address: 919 NW 2ND AVE  
City-St-Zip: DELRAY BEACH, FL 33444

Title: SD ( ) Delete  
Name: DAMRON, PATTIE  
Address: 2120 NW 25TH STREET  
City-St-Zip: BOCA RATON, FL 33431

Title: TD ( ) Delete  
Name: CRASKE, LUCY  
Address: 339 COCONUT PALM ROAD  
City-St-Zip: BOCA RATON, FL 33432

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: BARISO, LISA  
Address: 1050 SW 14TH STREET  
City-St-Zip: BOCA RATON, FL 33486

Title: VD (X) Change ( ) Addition  
Name: ARNOLD, CAROLYN  
Address: 6533 TIMBER LANE  
City-St-Zip: BOCA RATON, FL 33433

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: CRASKE LONG, LUCY  
Address: 339 COCONUT PALM ROAD  
City-St-Zip: BOCA RATON, FL 33432

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: LISA BARISO

PD

01/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date