

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N05900

1. Entity Name
JUNIOR ACHIEVEMENT OF EAST CENTRAL FLORIDA,
INCORPORATED



Principal Place of Business
571 HAVERTY CT
SUITE L
ROCKLEDGE, FL 32955

Mailing Address
571 HAVERTY CT
SUITE L
ROCKLEDGE, FL 32955 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number
59-2461562

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SECOR, JENNIFER PRES
571 HAVERTY CT
SUITE L
ROCKLEDGE, FL 32955

Name

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

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, 2006**

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

TITLE PCD
NAME CUNIO, ROBERT
STREET ADDRESS MAIL CODE SGS-2020 PO BOX 21237
CITY-ST-ZIP KSC, FL 32815

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

SEC

Change Addition

TITLE PCD
NAME LARRY, ROSELLE
STREET ADDRESS 709 HARBOR CITY BLVD
CITY-ST-ZIP MELBOURNE, FL 32901

Delete

TD
Mark Malek
202 N. Harbor City Blvd
Melbourne, FL 32935

Change Addition

TITLE SEC
NAME KEIMER, ROBERT
STREET ADDRESS 105 SANDY SHORES DRIVE
CITY-ST-ZIP MELBOURNE, FL 32951

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PCD

Change Addition

TITLE PCD
NAME ROCHESTER, PETER
STREET ADDRESS 100 SYKES CREEK PARKWAY
CITY-ST-ZIP MERRITT ISLAND, FL 32952

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PCD

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: *Jennifer Secor, President*

**FILED
May 05, 2006 8:00 am
Secretary of State**

05-05-2006 90154 021 ****61.25



04092006 Chg-NP CR2E037 (11/05)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/06 (72) 636-1000
Daytime Phone #