## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05900

FILED Apr 30, 2007 Secretary of State

Entity Name: JUNIOR ACHIEVEMENT OF EAST CENTRAL FLORIDA, INCORPORATED

**Current Principal Place of Business: New Principal Place of Business:** 571 HAVERTY CT SUITE L ROCKLEDGE, FL 32955 **New Mailing Address: Current Mailing Address:** 571 HAVERTY CT SUITE L ROCKLEDGE, FL 32955 US FEI Number: 59-2461562 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SECOR, JENNIFER PRES 571 HAVERTY CT SUITE L ROCKLEDGE, FL 32955 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: SEC () Delete (X) Change ( ) Addition CUNIO. ROBERT CHRISTIE, MARLA Name: Name: MAIL CODE SGS-2020 PO BOX 21237 Address: 1775 W. HIBISCUS Address: City-St-Zip: KSC, FL 32815 City-St-Zip: MELBOURNE, FL 32901 Title: PCD Title: ( ) Delete () Change () Addition KEIMER, ROBERT Name: Name: Address: 105 SANDY SHORES DRIVE Address: City-St-Zip: MELBOURNE, FL 32951 City-St-Zip: Title: PCD () Delete Title: () Change () Addition ROCHESTER, PETER Name: Name: 100 SYKES CREEK PARKWAY Address: Address: City-St-Zip: MERRITT ISLAND, FL 32952 City-St-Zip: (X) Change ( ) Addition Title: TD () Delete Title: TD ALEXANDER, LISA MD Name: MALEK, MARK Name: 202 N. HARBOR CITY BLVD 951 N. WASHINGTON AVE Address: Address: City-St-Zip: MELBOURNE, FL 32935 City-St-Zip: TITUSVILLE, FL 32796 Title: () Delete Title: ( ) Change (X) Addition MALEK, MARK Name: Name: 202 N. HARBOR CITY BLVD, SUITE 200 Address: Address: City-St-Zip: City-St-Zip: MELBOURNE, FL 32935

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: JENNIFER SECOR PRES 04/30/2007