

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90042 004 ****61.25

DOCUMENT # N12286

1. Entity Name

**JUNIOR SERVICE LEAGUE OF ST. AUGUSTINE,
FLORIDA, INC.**



Principal Place of Business

**238 B SAN MARCO AVE.
SAINT AUGUSTINE FL 32084**

Mailing Address

**P.O. BOX 244
ST. AUGUSTINE FL 32085**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0879960

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~SCOTT, JUDY
395 SOPHIA TERR
SAINT AUGUSTINE FL 32095~~

Name **Kelly Carrothers**
Street Address (P.O. Box Number is Not Acceptable)
109 SECOND ST
ST AUGUSTINE
City **FL** Zip Code **32084**

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 *Kelly Carrothers*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

3.3.08

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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 **P** NAME **CHAPMAN, CHRISTINE** ☒ Delete
STREET ADDRESS **425 TRADE WINDS LANE**
CITY-STATE-ZIP **SAINT AUGUSTINE FL 32080**

TITLE **P** NAME **STRANDHAGEN, KAREN** ☐ Delete
STREET ADDRESS **164 INLET DR**
CITY-STATE-ZIP **SAINT AUGUSTINE FL 32080**

TITLE **VP** NAME **WEGEMAN, BETSY** ☒ Delete
STREET ADDRESS **1105 RAVENSCROFT LANE**
CITY-STATE-ZIP **PONTE VERDA FL 32081**

TITLE **RSEC** NAME **SOUTHWORTH, HOLLY** ☐ Delete
STREET ADDRESS **212 QUEEN RD.**
CITY-STATE-ZIP **SAINT AUGUSTINE FL 32086**

TITLE **CSEC** NAME **LARRABEC, SHANNON** ☒ Delete
STREET ADDRESS **832 OAK ARBOR CIRCLE**
CITY-STATE-ZIP **SAINT AUGUSTINE FL 32084**

TITLE **T** NAME **SCOTT, JUDY** ☐ Delete
STREET ADDRESS **395 SOPHIA TERR**
CITY-STATE-ZIP **SAINT AUGUSTINE FL 32095**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☒ Change ☐ Addition
NAME **JUDY SCOTT**
STREET ADDRESS **395 SOPHIA TERRACE**
CITY-STATE-ZIP **ST AUGUSTINE, FL 32095**

TITLE ☐ Change ☒ Addition
NAME **MOLIE MALLOY**
STREET ADDRESS **3125 COUNTRY CREEK LANE**
CITY-STATE-ZIP **ST. AUGUSTINE, FL 32086**

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

TITLE ☐ Change ☒ Addition
NAME **SHANTEL DELORENZO**
STREET ADDRESS **5184 MEDORA AVE**
CITY-STATE-ZIP **ST. AUGUSTINE, FL 32080**

TITLE ☒ Change ☐ Addition
NAME **KELLY CARROTHERS**
STREET ADDRESS **109 SECOND ST**
CITY-STATE-ZIP **ST AUGUSTINE, FL 32084**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Karen Strandhagen **KAREN STRANDHAGEN**

2/21/08

(904) 889-5023