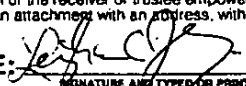


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2006 8:00 am
Secretary of State

04-10-2006 90330 018 ****61.25

DOCUMENT # N23052					
1. Entity Name JUNIOR COTILLION OF SOUTH JACKSONVILLE, INC.					
Principal Place of Business P.O. BOX 24134 JACKSONVILLE, FL 32241 US			Mailing Address P.O. BOX 24134 JACKSONVILLE, FL 32241 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-6569959	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SACERDOTE, GRACE M 9460 WOODHAVEN ROAD JACKSONVILLE, FL 32257				7. Name and Address of New Registered Agent 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 fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$81.25 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	GUOZAK, SHELLY		NAME	Sue Karn	
STREET ADDRESS	12852 PLUMER GRANT RD		STREET ADDRESS	10255 Heather Glen Rd	
CITY-ST-ZIP	JACKSONVILLE, FL 32258		CITY-ST-ZIP	Jacksonville FL 32256	
TITLE	PD	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	JAGHAB, NANCY		NAME	Helen Balz	
STREET ADDRESS	10859 SCOTT MILL RD		STREET ADDRESS	2884 Evercharm Pl	
CITY-ST-ZIP	JACKSONVILLE, FL 32223		CITY-ST-ZIP	Jacksonville FL 32257	
TITLE	VD	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	BALZ, HELEN		NAME	Kathleen Flynn	
STREET ADDRESS	2884 EVERCHARM PLACE		STREET ADDRESS	3615 Via de la Reina	
CITY-ST-ZIP	JACKSONVILLE, FL 32257		CITY-ST-ZIP	Jacksonville FL 32215	
TITLE	S	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	OSSI, ROBYN		NAME		
STREET ADDRESS	2852 EVERCHARM PL		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32257		CITY-ST-ZIP		
TITLE	TD	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	W RIGHT, JULIE		NAME	Leighann Johnigeon	
STREET ADDRESS	7842 RONDEAN DR		STREET ADDRESS	8140 Presidential Dr	
CITY-ST-ZIP	JACKSONVILLE, FL 32217		CITY-ST-ZIP	Jacksonville FL 32206	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  Leighann Johnigeon			6/23/06 904-998-3021		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone		