2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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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	Mailing Address
P.O. BOX 24134 JACKSONVILLE, FL 32241 US	P.O. BOX 24134 JACKSONVILLE, FL 32241 US

03062006 Chg-NP CR2E037 (11/05)

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 ☐ Applied For ☐ Not Applicable

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
SACERDOTE, GRACE M 9460 WOODHAVEN ROAD JACKSONVILLE, FL 32257	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GUOZAK, SHELLY 12852 PLUMER GRANT RD JACKSONVILLE, FL 32258	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Sue Karn 10255 HeatherGlen Rd Jacksonville FL 32256
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JAGHAB, NANCY 10859 SCOTT MILL RD JACKSONVILLE, FL 32223	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Helen Balz 2884 Evercharm Pl Jacksonville FL 32257
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BALZ, HELEN 2884 EVERCHARM PLACE JACKSONVILLE, FL 32257	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Kathleen Flynn 3615 Via de la Reina Jacksonville FL 32215
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S OSSI, ROBYN 2852 EVERCHARM PL JACKSONVILLE, FL 32257	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD W RIGHT, JULIE 7842 RONDEAN DR JACKSONVILLE, FL 32217	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Leighann Johnigean 9140 Presidential Dr Jacksonville FL 32206
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: [signature] Leighann Johnigean 6/23/06 904-998-3021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #