

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90149 049 ****70.00

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

40066176



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02152007 Chg-NP CR2E037 (12/06)

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

SACERDOTE, GRACE M
9460 WOODHAVEN ROAD
JACKSONVILLE, FL 32257
DEVRY E DEWAN
CERTIFIED PUBLIC ACCOUNTANT
7006 ATLANTIC BOULEVARD
JACKSONVILLE, FL 32211-8706064

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

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 VD
NAME KARN, SUE
STREET ADDRESS 10255 HEATHER GLEN RD
CITY-ST-ZIP JACKSONVILLE, FL 32256 ☒ Delete

TITLE VD
NAME FLYNN, KATHLEEN
STREET ADDRESS 3615 VIA DE LA REINA
CITY-ST-ZIP JACKSONVILLE, FL 32215 ☒ Delete

TITLE PD
NAME BALZ, HELEN
STREET ADDRESS 2884 EVERCHARM PLACE
CITY-ST-ZIP JACKSONVILLE, FL 32257 ☒ Delete

TITLE TD
NAME LEIGHANN, JOHNGEAN
STREET ADDRESS 8140 PRESIDENTIAL DR
CITY-ST-ZIP JACKSONVILLE, FL 32206 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD
NAME Jeanine Leone
STREET ADDRESS 9902 Windwater Ct.
CITY-ST-ZIP Jacksonville, FL 32256 ☒ Change ☐ Addition

TITLE VD
NAME Robyn Ossi
STREET ADDRESS 2852 Evercharm Pl.
CITY-ST-ZIP Jacksonville, Florida 32257 ☒ Change ☐ Addition

TITLE PD
NAME Jill Chappano
STREET ADDRESS 1439 Wentworth Ave.
CITY-ST-ZIP Jacksonville, Florida 32259 ☒ Change ☐ Addition

TITLE TD
NAME Leighann Johnigan
STREET ADDRESS 8118 Middle Fork Way
CITY-ST-ZIP Jacksonville, FL 32256 ☒ Change ☐ Addition

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/20/07