

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90200 020 ****61.25

DOCUMENT # N40488

1. Entity Name

JUNIOR LEAGUE OF INDIAN RIVER, INC.



Principal Place of Business

725 8TH ST
VERO BEACH FL 32960
US

Mailing Address

P O BOX 3008
VERO BEACH FL 32964-3008
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3042966

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

THOMA, AMY J
725 8TH ST
VERO BEACH FL 32960

Name

ASHLEY BONA

Street Address (P.O. Box Number is Not Acceptable)

351 RIVERWAY DRIVE

City

VERO BEACH, FL

32963

Zip Code

32963

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

FILE NOW: 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 ☒ Delete
NAME THOMA, AMY J
STREET ADDRESS 5060 HARMODY CIR #108
CITY-ST-ZIP VERO BEACH FL 32967

TITLE ☒ Change ☐ Addition
NAME NEDA HEETER
STREET ADDRESS 2029 CLUB DRIVE
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE ☒ Delete
NAME GALLO, ROSARIO M
STREET ADDRESS 5060 HARMONY CIR #108
CITY-ST-ZIP VERO BEACH FL 32967

TITLE ☒ Change ☐ Addition
NAME ASHLEY BONA
STREET ADDRESS 351 ~~VERO~~ RIVERWAY DRIVE
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/06 772-713-4210