

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Feb 18, 2008 08:00 AM**  
**Secretary of State**

**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**



02142008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

**59-3042966**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**BONA, ASHLEY  
351 RIVERWAY DR  
VERO BEACH, FL 32963**

**DO NOT WRITE  
IN THIS SPACE**

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

*d. Bona*

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**T  
BONA, ASHLEY  
351 RIVERWAY DR  
VERO BEACH, FL 32963**

TITLE  
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000000830850  
02/26/08-80100-007 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:

*d. Bona Ashley Bona, Treasurer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/18/08*

Date

*772 492 0384*

Daytime Phone #