


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90018 002 ****61.25

DOCUMENT # N9200000850			
1. Entity Name THE JUNIOR LEAGUE OF MARTIN COUNTY, INC.			
Principal Place of Business 733 COLORADO AVENUE STUART FL 34994		Mailing Address PO BOX 897 STUART FL 34995 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. FEI Number 65-0375302		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVIS, JILL 923 SW KEATS AVE PALM CITY FL 34990		7. Name and Address of New Registered Agent Name: Shannon Grimes Street Address (P.O. Box Number is Not Acceptable): 122 Eden Creek Lane City: Jensen Beach FL Zip Code: 34957	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			



1st MOORE CR2E037 (10/06)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE: PD	NAME: LUGER, KATHERINE	<input checked="" type="checkbox"/> Delete	TITLE: VPD	NAME: Elysse Eker	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 821 WEIR STREET	CITY-ST-ZIP: STUART FL 34994		STREET ADDRESS: 4 Marguerita Drive	CITY-ST-ZIP: Stuart, FL 34996	
TITLE: TD	NAME: DAVIS, JILL	<input checked="" type="checkbox"/> Delete	TITLE: VPD	NAME: Shannon Grimes	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 923 SW KEATS AVENUE	CITY-ST-ZIP: PALM CITY FL 34990		STREET ADDRESS: 122 Eden Creek Lane	CITY-ST-ZIP: Jensen Beach, FL 34957	
TITLE: VPD	NAME: COPELAND, SUSAN	<input type="checkbox"/> Delete	TITLE: PD	NAME: Susan Copeland	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3301 N. INDIAN RIVER DRIVE	CITY-ST-ZIP: FT PIERCE FL 34946		STREET ADDRESS: 3301 N Indian River Dr	CITY-ST-ZIP: Ft Pierce FL 34946	
TITLE: VPD	NAME: HIGGINS, KIMBERLY	<input checked="" type="checkbox"/> Delete	TITLE: VPD	NAME: AJ Chase	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 322 SE EDGEWOOD DR	CITY-ST-ZIP: STUART FL 34996		STREET ADDRESS: 407 SE Barcelona Street	CITY-ST-ZIP: Stuart, FL 34997	
TITLE: VPD	NAME: ASKELAND, JENNY	<input type="checkbox"/> Delete	TITLE: VPD	NAME: Laura Whiteman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 3351 SE RIVER VISTA DR	CITY-ST-ZIP: PT ST LUCIE FL 34952		STREET ADDRESS: 5094 SE Inlwood Way	CITY-ST-ZIP: Hobe Sound, FL 33455	
TITLE: VPD	NAME: MOORE, SABINE	<input checked="" type="checkbox"/> Delete	TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 5 OAK HILL WAY	CITY-ST-ZIP: STUART FL 34996		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: Shannon Grimes 2/26/07 772-229-3485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #