

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000850

FILED
Apr 30, 2009
Secretary of State

Entity Name: THE JUNIOR LEAGUE OF MARTIN COUNTY, INC.

Current Principal Place of Business:

733 COLORADO AVENUE
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

PO BOX 897
STUART, FL 34995 US

New Mailing Address:

FEI Number: 65-0375302 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ERNEST, DONNA J
901 SW MARTIN DOWNS BLVD
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ELDER, ELYSSE
Address: 4 MARGUERITA DR.
City-St-Zip: STUART, FL 34996

Title: VPD () Delete
Name: ERNEST, DONNA J
Address: 1861 SW PALM CITY RD F400
City-St-Zip: STUART, FL 34994

Title: VPD () Delete
Name: DERRENBACHER, STACEY
Address: 541 N CAROLINA DR
City-St-Zip: STUART, FL 34994

Title: VPD () Delete
Name: CHASE, A.J.
Address: 4067 SE BARCELONA STREET
City-St-Zip: STUART, FL 34997

Title: VPD () Delete
Name: OSTEEN, MARY
Address: 1 RIDGEVIEW RD
City-St-Zip: STUART, FL 34996

Title: SD () Delete
Name: CARMODY, HOLLY
Address: 3177 SW SOLITAIRE PALM DR
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: DANA, JANKE
Address: 901 SW MARTIN DOWNS BLVD
City-St-Zip: PALM CITY, FL 34990

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANA JANKE

Electronic Signature of Signing Officer or Director

VPD

04/30/2009

Date