

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000531

FILED
Apr 28, 2008
Secretary of State

Entity Name: THE JUNIOR SERVICE LEAGUE OF PORT ST. JOE, FLORIDA, INC.

Current Principal Place of Business:

1600 CONSTITUTION DR
PORT ST. JOE, FL 32456

New Principal Place of Business:

Current Mailing Address:

214 SEVENTH STREET
PORT ST JOE, FL 32456

New Mailing Address:

FEI Number: 59-3417889

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRIEDMAN, ROBERSON PA
214 SEVENTH STREET
PORT ST. JOE, FL 32456 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: MELVIN, TRACY
Address: HC3 BOX 851004-11
City-St-Zip: MEXICO BEACH, FL 32456

Title: VP () Delete
Name: MARSHALL, LYNN
Address: HC3 BOX 851004-11
City-St-Zip: MEXICO BEACH, FL 32456

Title: TR () Delete
Name: SEARCY, ERIN
Address: HC3 BOX 851004-11
City-St-Zip: MEXICO BEACH, FL 32456

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: OUELLETTE, AMY
Address: 1101 CONSTITUTION DRIVE
City-St-Zip: PORT ST. JOE, FL 32456

Title: VP (X) Change () Addition
Name: COSTIN, KAYCE
Address: 109 MIMOSA AVENUE
City-St-Zip: PORT ST. JOE, FL 32456

Title: TR (X) Change () Addition
Name: FINLAY, SONJA
Address: 104 SUNSET CIRCLE
City-St-Zip: PORT ST. JOE, FL 32456

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: AMY OUELLETTE

PD

04/28/2008

Electronic Signature of Signing Officer or Director

Date