

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000531

**FILED**  
**Apr 30, 2009**  
**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:**

401 CECIL G COSTIN BLVD  
PORT ST. JOE, FL 32456

**Current Mailing Address:**

214 SEVENTH STREET  
PORT ST JOE, FL 32456

**New Mailing Address:**

PO BOX 114  
PORT ST JOE, FL 32457

**FEI Number:** 59-3417889

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**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: OUELLETTE, AMY  
Address: 1101 CONSTITUTION DRIVE  
City-St-Zip: PORT ST. JOE, FL 32456

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: TR (X) Change ( ) Addition  
Name: SMILEY, STACIE  
Address: 401 CECIL G COSTIN BLVD  
City-St-Zip: PORT ST. JOE, FL 32456

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

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:** STACIE SMILEY

TR

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date