**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Mar 01, 2018**
**Secretary of State**
**CC1136285939**

DOCUMENT# 710415

**Entity Name:** EL JOBEAN COMMUNITY LEAGUE, INC.

**Current Principal Place of Business:**

14344 JAMISON WAY
EL JOBEAN, FL 33953

**Current Mailing Address:**

P.O. BOX 27123
EL JOBEAN, FL 33927 US

**FEI Number: 59-2793800**

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

MARSHALL, JAMES
14214 RIVER BEACH DR.
PORT CHARLOTTE, FL 33953 US

*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: JAMES MARSHALL 03/01/2018

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | PRESIDENT |
| Name | MARSHALL, JAMES |
| Address | 14214 RIVER BEACH DR. |
| City-State-Zip: | PORT CHARLOTTE FL 33953 |

| | |
|---|---|
| Title | TREASURER |
| Name | CREWS, PHYLLIS |
| Address | 21185 QUESADA AVE. |
| City-State-Zip: | PORT CHARLOTTE FL 33952 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | MYERS, PATRICIA A |
| Address | 14276 RIVER BEACH DR |
| City-State-Zip: | PORT CHARLOTTE FL 33953 |

| | |
|---|---|
| Title | SECRETARY |
| Name | CISCO, BEVERLY D |
| Address | 14501 KIPLING CT. |
| City-State-Zip: | PORT CHARLOTTE FL 33953 |

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|---|---|
| Title | VP |
| Name | PARSLEY, GARY |
| Address | 14234 RIVER BEACH DR. |
| City-State-Zip: | PORT CHARLOTTE FL 33953 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | CISCO, JEFF |
| Address | 14501 KIPLING CT. |
| City-State-Zip: | PORT CHARLOTTE FL 33953 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | DAVIS, GEORGE |
| Address | 4723 NW 38TH AVE. |
| City-State-Zip: | CAPE CORAL FL 33993 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | ENNIS, TOM |
| Address | 4245 WARREN ROAD |
| City-State-Zip: | PORT CHARLOTTE FL 33953 |

**Continues on page 2**

*I hereby 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 all other like empowered.*

SIGNATURE: JAMES MARSHALL PRESIDENT 03/01/2018

Electronic Signature of Signing Officer/Director Detail — Date

**Officer/Director Detail Continued :**

| | |
|---|---|
| Title | ALTERNATE DIRECTOR |
| Name | THIBIDEAU, FRAN |
| Address | 4263 NETTLE RD |
| City-State-Zip: | PORT CHARLOTTE FL 33953 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | VANDEBURG, MARLA |
| Address | 4723 NW 38TH AVE. |
| City-State-Zip: | PORT CHARLOTTE FL 33993 |