2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2017
Secretary of State
CC8819303528

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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 02/22/2017

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	FOSTER, ABBEY
Address	4160 WOOD DUCK RD.
City-State-Zip:	PORT CHARLOTTE FL 33953

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

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	SCHULL, DAVID
Address	3575 STOCKTON RD.
City-State-Zip:	PORT CHARLOTTE FL 33953

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

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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: BEVERLY D. CISCO SECRETARY 02/22/2017

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	CHILLDRES, MARIE
Address	4198 NETTLE RD
City-State-Zip:	PORT CHARLOTTE FL 33953

Title	DIRECTOR
Name	MYERS, DAVID
Address	14276 RIVER BEACH DR.
City-State-Zip:	PORT CHARLOTTE FL 33953