2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2020
Secretary of State
2298366717CC

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:

CISCO, BEVERLY D PRESIDENT
14501 KIPLING CT
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: BEVERLY D CISCO 06/23/2020

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

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

Title	TREASURER
Name	SCHULL, DAVID
Address	10405 RACHEL AVE.
City-State-Zip:	ENGLEWOOD FL 34224

Title	DIRECTOR
Name	NEDRICH, CHARLOTTE
Address	4244 NETTLE RD
City-State-Zip:	PORT CHARLOTTE FL 33953

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

Title	VP
Name	THIBIDEAU, FRANCES
Address	4263 NETTLE RD
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	SPENCE, PAT
Address	4144 NETTLE RD
City-State-Zip:	PORT CHARLOTTE FL 33993

Title	SECRETARY
Name	FOSTER, ABBEY
Address	4160 WOOD DUCK RD
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 CISCO PRESIDENT 06/23/2020

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	ALTERNATE DIRECTOR
Name	SMITH, DOROTHY J.
Address	4154 NETTLE RD
City-State-Zip:	PORT CHARLOTTE FL 33953