

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713493

Entity Name: JUNIOR LEAGUE OF CENTRAL & NORTH BREVARD, INC.**Current Principal Place of Business:**8035 SPYGLASS HILL ROAD
MELBOURNE, FL 32940**Current Mailing Address:**PO BOX 847
COCOA, FL 32923-0847 US**FEI Number:** 23-7117325**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PRAY, LAURA ANNE
8035 SPYGLASS HILL ROAD
MELBOURNE, FL 32940 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:** LAURA ANNE PRAY

04/23/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name SLAUGHTER, STACY
Address PO BOX 847
City-State-Zip: COCOA FL 32923-0847

Title PRESIDENT
Name HUBBELL, ASHLEY
Address PO BOX 847
City-State-Zip: COCOA FL 32923-0847

Title DIRECTOR
Name SEQUEIRA, AMY
Address PO BOX 847
City-State-Zip: COCOA FL 32923-0847

Title DIRECTOR
Name RICKARDS, TAMMY
Address PO BOX 847
City-State-Zip: COCOA FL 32923-0847

Title TREASURER
Name PRAY, LAURA ANNE
Address PO BOX 847
City-State-Zip: COCOA FL 32923-0847

Title DIR
Name DEPTULA, JULIA
Address PO BOX 847
City-State-Zip: COCOA FL 32923-0847

Title DIRECTOR
Name PRAY, LAURA ANNE
Address PO BOX 847
City-State-Zip: COCOA FL 32923-0847

Title DIRECTOR
Name LEE, ALYSIA
Address PO BOX 847
City-State-Zip: COCOA FL 32923-0847

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: LAURA ANNE PRAY

04/23/2015

Electronic Signature of Signing Officer/Director Detail

Date