

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**DOCUMENT # 706442**

**(1)**

95 JUN 14 AM 9:25

1. Corporation Name  
**PENSACOLA JAYCEES, INC.**

Principal Place of Business Mailing Address  
3689 E OLIVE RD 3689 E OLIVE RD.  
P.O. BOX 972 P.O. BOX 972  
PENSACOLA FL 32595 PENSACOLA FL 32595  
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/26/1937 3a. Date of Last Report 04/22/1994  
4. FEI Number 59-0782240  Applied For  Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **FILING FEE IS \$61.25**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country  
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**SUTHERLAND, STEVE  
311 NORTH SPRING STREET  
PENSACOLA FL 32501**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                 |                           |
|-----------------|---------------------------|
| TITLE           | P                         |
| NAME            | PARKER, ROBERT            |
| STREET ADDRESS  | 3689 E. OLIVE RD.         |
| CITY - ST - ZIP | PENSACOLA FL              |
| TITLE           | D                         |
| NAME            | BISSO, RICHARD            |
| STREET ADDRESS  | 6071 HILBURN RD           |
| CITY - ST - ZIP | PENSACOLA FL              |
| TITLE           | D                         |
| NAME            | RATCLIFF, BRENDA          |
| STREET ADDRESS  | 4301 CREIGHTON RD APT 172 |
| CITY - ST - ZIP | PENSACOLA FL              |
| TITLE           | D                         |
| NAME            | FUNK, PAIGE               |
| STREET ADDRESS  | 3815 CREIGHTON RD         |
| CITY - ST - ZIP | PENSACOLA FL              |
| TITLE           |                           |
| NAME            |                           |
| STREET ADDRESS  |                           |
| CITY - ST - ZIP |                           |
| TITLE           |                           |
| NAME            |                           |
| STREET ADDRESS  |                           |
| CITY - ST - ZIP |                           |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                            |  |
|--------------------|----------------------------|--|
| 11 TITLE           | P                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME            | Rick Burrough              |  |
| 13 STREET ADDRESS  | 660 Colonial Dr., Apt. 6   |  |
| 14 CITY - ST - ZIP | Ft. Walton Beach, Fl 32547 |  |
| 21 TITLE           | D                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME            | Jason E. Rapposelli        |  |
| 23 STREET ADDRESS  | 1041 E. Maxwell St.        |  |
| 24 CITY - ST - ZIP | Pensacola, Fl 32503        |  |
| 31 TITLE           | D                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME            | John S. Baxter, Jr         |  |
| 33 STREET ADDRESS  | 1316 E. Jackson St.        |  |
| 34 CITY - ST - ZIP | Pensacola, Fl 32501        |  |
| 41 TITLE           | T                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME            | Stephanie A. Ridley        |  |
| 43 STREET ADDRESS  | 1316 E. Jackson At.        |  |
| 44 CITY - ST - ZIP | Pensacola, Fl 32501        |  |
| 51 TITLE           | C                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME            | Robert Parker              |  |
| 53 STREET ADDRESS  | 3689 Olive Rd.             |  |
| 54 CITY - ST - ZIP | Pensacola, Fl 32514        |  |
| 61 TITLE           |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME            |                            |  |
| 63 STREET ADDRESS  |                            |  |
| 64 CITY - ST - ZIP |                            |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jason E. Rapposelli June 7, 1995 (904) 434-4726  
DATE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/95)