

**FILE NOW: FILING FEE IS \$61.25**

NON-PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **706442** (1)  
1. Corporation Name  
**PENSACOLA JAYCEES, INC.**



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

Mailing Address  
**3689 E. OLIVE RD.  
P.O. BOX 972  
PENSACOLA FL 32595  
US**

3. Date Incorporated or Qualified **11/26/1937** 3a. Date of Last Report **06/14/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-0782240</b>	Applied For <input type="checkbox"/>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Zip	25. Country	29. Zip	30. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**SUTHERLAND, STEVE  
311 NORTH SPRING STREET  
PENSACOLA FL 32501**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83.	
84. City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURROUGH, RICK</b>	1.2 NAME	
STREET ADDRESS	<b>660 COLONIAL DR., APT 6</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT WALTON BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<del>D</del> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>RAPPOSELLI, JASON E</del>	2.2 NAME	
STREET ADDRESS	<del>1641 E MAXWELL ST</del>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<del>PENSACOLA FL</del>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAXTER, JOHN S JR</b>	3.2 NAME	
STREET ADDRESS	<b>1316 E JACKSON ST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T/D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RIDLEY, STEPHANIE A</b>	4.2 NAME	
STREET ADDRESS	<b>1316 E JACKSON ST</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>C/D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARKER, ROBERT</b>	5.2 NAME	
STREET ADDRESS	<b>3689 OLIVE RD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ **Robert Parker** **17 Nov 96** **(904) 934-4461**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E037 (12/95)