

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Aug 14 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/26/1937</b>	3a. Date of Last Report <b>03/26/1996</b>
4. FEI Number <b>59-0782240</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>BURROUGH, RICK</b>
STREET ADDRESS	<b>660 COLONIAL DR., APT 6</b>
CITY-ST-ZIP	<b>FT WALTON BEACH FL</b>
TITLE	<b>CD</b> <input type="checkbox"/> DELETE
NAME	<b>PARKER, ROBERT</b>
STREET ADDRESS	<b>3689 E OLIVE RD</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32595</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BAXTER, JOHN S JR</b>
STREET ADDRESS	<b>1316 E JACKSON ST</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>RIDLEY, STEPHANIE A</b>
STREET ADDRESS	<b>1316 E JACKSON ST</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>
TITLE	<b>C</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>PARKER, ROBERT</b>
STREET ADDRESS	<b>3689 OLIVE RD</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P/O</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Burrough Rick</b>
1.3 STREET ADDRESS	<b>856 Tarpon Drive</b>
1.4 CITY-ST-ZIP	<b>Fort Walton FL 32548</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<b>V/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>John S. Kluchonic</b>
3.3 STREET ADDRESS	<b>613 S. Navy Blvd</b>
3.4 CITY-ST-ZIP	<b>Pensacola, FL 32507</b>
4.1 TITLE	<b>V/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>John Colgan</b>
4.3 STREET ADDRESS	<b>7820 Martinique</b>
4.4 CITY-ST-ZIP	<b>Pensacola, FL 32504</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (4/97)

SIGNATURE \_\_\_\_\_ SIGNATURE REQUIRED