

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 30, 2005  
Secretary of State**

DOCUMENT# 706442

Entity Name: PENSACOLA JAYCEES, INC.

**Current Principal Place of Business:**

3689 E OLIVE RD  
P.O. BOX 972  
PENSACOLA, FL 32595 US

**New Principal Place of Business:**

**Current Mailing Address:**

3689 E. OLIVE RD.  
P.O. BOX 972  
PENSACOLA, FL 32591 US

**New Mailing Address:**

FEI Number: 59-0782240      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BURROUGH, RICK  
Address: 856 TARPON DRIVE  
City-St-Zip: FT WALTON BEACH, FL

Title: TD ( ) Delete  
Name: PARKER, ROBERT  
Address: 3689 E OLIVE RD  
City-St-Zip: PENSACOLA, FL 32595 US

Title: D ( ) Delete  
Name: MARTIN, PATRICK  
Address: 1035 E MAXWELL STREET  
City-St-Zip: PENSACOLA, FL 32503

Title: GD ( ) Delete  
Name: CARISLE, JESSICA  
Address: 578 ARD DRIVE  
City-St-Zip: PENSACOLA, FL 32526

Title: P ( ) Delete  
Name: BENJAMIN, DARA  
Address: 190N OLD CARRY FLD RD #204  
City-St-Zip: PENSACOLA, FL 32507

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT PARKER

TD

01/30/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date