

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 07, 2006
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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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 CORRY 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 Chapter 119, 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

05/07/2006

Electronic Signature of Signing Officer or Director

_____ Date