

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 AM 11:47

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 714422 (3)

1. Corporation Name

JAYCEES INTERNATIONAL (JCI) FOUNDATION, INC.

Principal Place of Business

Mailing Address

**400 UNIVERSITY DR
P.O. BOX 140577
CORAL GABLES FL 33114-7577**

**400 UNIVERSITY DR
P.O. BOX 140577
CORAL GABLES FL 33114-7577**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/10/1968

3a. Date of Last Report

06/21/1994

4. FEI Number

59-7109724

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

☒ **\$68.75 Supplemental
Fee Not Required**

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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ELLERBE, BENNY
400 UNIVERSITY DRIVE
CORAL GABLES FL 33134**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
D	GODERE, ARNAUD	400 UNIVERSITY DRIVE CORAL GABLES, FL 0	
PD	DAWKINS, ROBBY	400 UNIVERSITY DRIVE CORAL GABLES FL	
TD	OJI, DAVID	400 UNIVERSITY DRIVE CORAL GABLES, FL 0	
SD	ELLERBE, BENNY	400 UNIVERSITY DRIVE CORAL GABLES, FL 00000	

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
D	David Oji	Same	Same	☒	☐
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	Change	Addition
PD	Arnaud Godere	Same	Same	☒	☐
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	Change	Addition
TD	Crispin Dy, Jr.	Same	Same	☒	☐
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	Change	Addition
	Same	Same	Same	☐	☐
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
				☐	☐
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition
				☐	☐

14. I do hereby certify that the information furnished with this report 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 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 its 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 change of name or other information with an addition.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Benny Ellerbe/Secretary General

4/19/95

(305) 446-7608

Date

Daytime Phone #