

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714422

FILED
Jan 10, 2005
Secretary of State

Entity Name: JAYCEES INTERNATIONAL (JCI) FOUNDATION, INC.

Current Principal Place of Business:

15645 OLIVE BOULEVARD
CHESTERFIELD, MO 63017 US

New Principal Place of Business:

Current Mailing Address:

15645 OLIVE BOULEVARD
CHESTERFIELD, MO 63017 US

New Mailing Address:

FEI Number: 65-0163209

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EZELL, III., BOYCE F ESQ.
2333 PONCE DE LEON BOULEVARD
SUITE 303
CORAL GABLES, FL 33134 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: CH () Delete
Name: YU, SONNY
Address: 15645 OLIVE BOULEVARD
City-St-Zip: CHESTERFIELD, MO 63017

Title: ED () Delete
Name: ELLERBE, BENNY
Address: 15645 OLIVE BOULEVARD
City-St-Zip: CHESTERFIELD, MO 63017

Title: T () Delete
Name: PARRISH, LISA
Address: 15645 OLIVE BOULEVARD
City-St-Zip: CHESTERFIELD, MO 63017

Title: ISG () Delete
Name: KODAMA, EDSON
Address: 15645 OLIVE BOULEVARD
City-St-Zip: CHESTERFIELD, MO 63017

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:

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: BOYCE F. EZELL, III., ESQ.

RA

01/10/2005

Electronic Signature of Signing Officer or Director

Date