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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 739362

1. Corporation Name
COCONUT GROVE JAYCEES, INC.

Principal Place of Business	Mailing Address
9972 SW 88TH STREET #49 MIAMI FL 33176 US	7851 SW 68TH AVE S MIAMI FL 33143-4452 US

2. Principal Place of Business 21 7516 SW 58 AVE	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/15/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1752539 ☐ Applied For ☐ Not Applicable
City & State 23 SOUTH MIAMI, FL	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 33143 25 USA	Zip / Country 29 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HOFFMANN, J. BRUCE 5915 PONCE DE LEON BLVD SUITE 60 CORAL GABLES FL 33146	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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	☐ DELETE	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	MOORE, JIM		1.2 NAME	FUENTES, LOUIS	
STREET ADDRESS	9972 SW 88 STREET #49		1.3 STREET ADDRESS	7516 SW 58 AVE	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	SOUTH MIAMI, FL 33143	
TITLE	VPD	☐ DELETE	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	RIETZ, K C		2.2 NAME	FUENTES, HILL	
STREET ADDRESS	3132 JACKSON AVENUE		2.3 STREET ADDRESS	7516 SW 58 AVE	
CITY-ST-ZIP	MIAMI FL 33132		2.4 CITY-ST-ZIP	SOUTH MIAMI, FL 33143	
TITLE	P	☐ DELETE	3.1 TITLE	VPD	☒ Change ☐ Addition
NAME	DEBBIE HERR		3.2 NAME	HART, DOUG	
STREET ADDRESS	9972 SW 88TH ST, #49		3.3 STREET ADDRESS	4520 NW 79 AVE, #2-D	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	VPD	☐ DELETE	4.1 TITLE	VPD	☒ Change ☐ Addition
NAME	MARCHEY, MIKE		4.2 NAME	KYLE, KATE	
STREET ADDRESS	5880 SW 74 TERRACE APT 8C		4.3 STREET ADDRESS	8911 SW 142 AVE, #5-210	
CITY-ST-ZIP	MIAMI FL 33143		4.4 CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	T	☐ DELETE	5.1 TITLE	VPD	☒ Change ☐ Addition
NAME	GRIZMALA, JENNIFER		5.2 NAME	FERRIGONE, SUSAN	
STREET ADDRESS	770 CLAUGHTON ISLAND DRIVE		5.3 STREET ADDRESS	4520 SW 102 PL.	
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	MIAMI, FL 33165	
TITLE		☐ DELETE	6.1 TITLE	T	☒ Change ☒ Addition
NAME			6.2 NAME	BEASLEY, SCOTT	
STREET ADDRESS			6.3 STREET ADDRESS	6924 SW 114 PL #B	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	MIAMI, FL 33173	

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 2/17/99 305 669-4138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #