


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90080 027 ****70.00

DOCUMENT # N03000006795
 1. Entity Name
SAINT LUCIE JAYCEES, INC.



Principal Place of Business
**145 NE PRIMA VISTA BLVD
 PORT SAINT LUCIE, FL 34983**

Mailing Address
**145 NE PRIMA VISTA BLVD
 PORT SAINT LUCIE, FL 34983**

2. Principal Place of Business
P.O. BOX

3. Mailing Address
P.O. BOX

Suite, Apt. #, etc.

City & State
Fort Pierce, Florida

City & State
Fort Pierce, FL

Zip Country
USA

01232004 Chg-NP CR2E037 (10/03)

4. FEI Number
56-2398923

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent

~~FLORIDA JAYCEES
 2000 N. GILMORE ST
 LAKELAND, FL 32805~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

Filing Fee is **\$61.25** Due by **May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ROTH, KEVIN 158 BAYSINGER AVE FORT PIERCE, FL 34950 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V HAMRICK, PAMELA 145 NE PRIMA VISTA BLVD PORT SAINT LUCIE, FL 34983 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V HARRISON, MICHAEL E 145 NE PRIMA VISTA BLVD PORT SAINT LUCIE, FL 34983 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V MCCATHA, LEWIS 6705 SANTA CLARA BLVD FORT PIERCE, FL 34951 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V HALL, DANIEL 6705 SANTA CLARA BLVD FORT PIERCE, FL 34951 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Georgia Moriel 1549 SW Nerwin Ave Port St Lucie, FL 34952 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V PAMELA HAMRICK 2541 NE BAILEY TERR JENSEN BEACH FL 34957 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V MICHAEL E HARRISON 2541 NE BAILEY TERR JENSEN BEACH FL 34957 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SEAN HEALY 3347 S. US HWY 1 FT PIERCE, FL 34982 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V R. MAH BLOUGH 3347 S. US HWY 1 Fort Pierce, FL 34982 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V Robin Jordan 1702 SE Oesthauw Ct. Port St Lucie, FL 34952 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *P. Moriel* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____