

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N07000003765

Entity Name: LEESBURG JAYCEES INC

Current Principal Place of Business:

1300 W NORTH BLVD
LEESBURG, FL 34748 US

New Principal Place of Business:

809 N. SHORE DR
LEESBURG, FL 34748 US

Current Mailing Address:

1300 W NORTH BLVD
LEESBURG, FL 34748 US

New Mailing Address:

809 N. SHORE DR
LEESBURG, FL 34748 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALIDAY, TREY
809 NORTH SHORE DR.
LEESBURG, FL 34748 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: PRES () Delete
Name: HALIDAY, TREY
Address: 809 N SHORE DR
City-St-Zip: LEESBURG, FL 34748 US

Title: VP () Delete
Name: ENGLISH, BRANDON
Address: 725 S 9TH. STREET
City-St-Zip: LEESBURG, FL 34748 US

Title: VP () Delete
Name: CARIDI, JAMES
Address: 913 SUMTER ST APT 202
City-St-Zip: LEESBURG, FL 34748 US

Title: TRES () Delete
Name: SMALLEY, JT
Address: 2501 W MAIN ST.
City-St-Zip: LEESBURG, FL 34748 US

Title: SEC () Delete
Name: LEWIN, RYAN
Address: 802 PALM AVE
City-St-Zip: LEESBURG, FL 34748

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: GRAHAM, KRISTOPHER
Address: 811 WASHINGTON AVE
City-St-Zip: LEESBURG, FL 34748 US

Title: TRES (X) Change () Addition
Name: LEWIN, RYAN
Address: 802 PALM AVE
City-St-Zip: LEESBURG, FL 34748 US

Title: SEC (X) Change () Addition
Name: BLACKMON, JAMIE
Address: 613 W OAK TERRACE DR
City-St-Zip: LEESBURG, FL 34748

I hereby certify that the information supplied with this filing does not qualify 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: RYAN K. LEWIN

TRES

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date