FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 JUN 22 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N19285 (8)

1. Corporation Name

INDIANTOWN JAYCEES INC.

Principal Place of Business	Mailing Address
BIG MOUND PARK INDIANMOUND DRIVE INDIANTOWN FL 34956	~~% LORA SHELTON~~ P.O. BOX 207 INDIANTOWN FL 34956

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/18/1987
3a. Date of Last Report: 09/01/1994
4. FEI Number: 65-0414068 ☐ 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. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BROWN, PENNY C. 15000 SW MYRTLE DR. INDIANTOWN FL 34956	81 Name: Becky L. Harrison 82 Street Address (P.O. Box Number is Not Acceptable): 8601 SW Hopwood Ave 83 84 City: Indiantown FL 85 Zip Code: 34956

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: Becky L. Harrison — 5-11-95
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	PD	11 TITLE	President PD	☑ Change ☐ Addition
NAME	DISSE, DEBBIE	12 NAME	Harrison, Becky	
STREET ADDRESS	15128 SW FOX STREET	13 STREET ADDRESS	8601 SW Hopwood Ave.	
CITY-ST-ZIP	INDIANTOWN FL 34956	14 CITY-ST-ZIP	Indiantown, FL 34956	
TITLE	VPD	21 TITLE	Membership VPD	☑ Change ☐ Addition
NAME	POWERS, MELISSA	22 NAME	Deanne Driskill	
STREET ADDRESS	P.O. BOX 1106, N/A	23 STREET ADDRESS	P.O. Box M, N/A	
CITY-ST-ZIP	INDIANTOWN FL 34956	24 CITY-ST-ZIP	Indiantown FL 34956	
TITLE	VPD	31 TITLE	Community Dev VPD	☑ Change ☐ Addition
NAME	BARRS, JOHN	32 NAME	Ryan Besaw	
STREET ADDRESS	P.O. BOX 817, N/A	33 STREET ADDRESS	P.O. Box 374, N/A	
CITY-ST-ZIP	INDIANTOWN FL 34956	34 CITY-ST-ZIP	Indiantown FL 34956	
TITLE	VPD	41 TITLE	Individual Dev. VPD	☑ Change ☐ Addition
NAME	BENTLEY, KEITH	42 NAME	Patricia Bulmer	
STREET ADDRESS	P.O. BOX 222, N/A	43 STREET ADDRESS	P.O. Box 1107, N/A	
CITY-ST-ZIP	INDIANTOWN FL 34956	44 CITY-ST-ZIP	Indiantown FL 34956	
TITLE	SD	51 TITLE	Management Dev. V.P.D	☑ Change ☐ Addition
NAME	SHELTON, LORA	52 NAME	Sharon Batchelor	
STREET ADDRESS	P.O. BOX 871, N/A	53 STREET ADDRESS	P.O. Box 1084, N/A	
CITY ST ZIP	INDIANTOWN FL 34956	54 CITY-ST-ZIP	Indiantown, FL 34956	
TITLE	100001522291	61 TITLE	Secretary SD	☐ Change ☑ Addition
NAME	-06/23/95--01080--009	62 NAME	Melissa Powers	
STREET ADDRESS	*****68.75 *****68.75	63 STREET ADDRESS	P.O. Box 1106, N/A	
CITY ST ZIP	T.S. 6/23/95	64 CITY-ST-ZIP	Indiantown FL 34956	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Becky L. Harrison — 5-11-95 — 407-597-3987
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0068010