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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N98000004491**

1. Corporation Name
FORT WALTON BEACH JAYCEES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 722 FT. WALTON BEACH FL 32549	P.O. BOX 722 FT. WALTON BEACH FL 32549

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: 08/01/1998

4. FEI Number: E59-3522061 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MIZIO, ARMANDO F
25400 U.S. HWY 19 NORTH,STE.210
CLEARWATER FL 33763

10. Name and Address of New Registered Agent

81 Name: Susan E. Kidwell
82 Street Address (P.O. Box Number is Not Acceptable): 1115 Lowery Dr.
83
84 City: Ft. Walton Beach FL 85 Zip Code: 32547

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: Susan E. Kidwell, Treasurer FWBJC's — 2.27.99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP GRIFFIN, NIKKI 201-C TROY STREET FT. WALTON BEACH FL 32548	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President Judy Barncastle P.O. Box 430 ~~Ft. Walton Beach, FL 32547~~ Shalimar, FL 32579 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP KIDWELL, SUSAN 1115 LOWERY DR. FT. WALTON BEACH FL 32548	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Treasurer Susan E. Kidwell 1115 Lowery Dr. Ft. Walton Beach, FL 32547 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS KIDWELL, SARAH 9 WEDGEWOOD LANE FT. WALTON BEACH FL 32547	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Secretary ~~Susan~~ Thomas D. Walsh 22 Waynel Circle Ft. Walton Beach, FL 32548 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	P Judith A. Barncastle P.O. Box 430 ~~Ft. Walton Beach~~, Shalimar, FL 32579 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	T Susan E. Kidwell 1115 Lowery Drive NW Ft. Walton Beach, FL 32547 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	S Thomas D. Walsh 22 Waynel Circle Ft. Walton Beach, FL 32548 ☐ Change ☑ Addition

CRAE037 (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: Susan E. Kidwell — 2.27.99 — 850.833.3556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #