2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State
04-17-2003 90116 023 ****61.25

DOCUMENT # N98000004491

1. Entity 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

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3522061 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KIDWELL, SUSAN E 415 SHERRY CIRCLE FT. WALTON BEACH FL 32548	Name: Jarrett Melvin Street Address (P.O. Box Number is Not Acceptable): 220 Fliva Avenue City: Ft. Walton Bch. FL Zip Code: 32548

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: ⊗ _____ 4/14/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) (DATE)

FILE NOW: FEE IS $61.25

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KIDWELL, SUSAN E 415 SHERRY CIRCLE FORT WALTON BEACH FL 32548-4002	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Jarrett Melvin 220 Fliva Avenue Ft. Walton Bch., FL 32548	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV GAERTNER, JENNIFER K 215 SHALIMAR DR SHALIMAR FL 32579	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MV Jake Taylor 1550 Perry Smith Road Crestview, FL 32536	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV WETHERELL, LISA MCEWEN DR NICEVILLE FL 32578	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV Diane Cohen 307 Priscilla Ft. Walton Bch, FL 32547	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV KARPOICZ, CHRISTOPHER 415 SHERRY DRIVE FORT WALTON BEACH FL 32548	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treas Kama Moore 8 Wedgewood Ln. Ft. Walton Bch, FL 32547	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD KIDWELL, SARAH 415 SHERRY CIRCLE FORT WALTON BEACH FL 32548	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec Kathy Melvin 220 Fliva Avenue Ft. Walton Bch., FL 32548	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: ⊗ SIGNATURE REQUIRED 9/14/03 850-376-5717