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 all other like empowered. 01/09/2014

VPD

SIGNATURE: T. JOEL SHANK

Electronic Signature of Signing Officer/Director Detail

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:

City-State-Zip:

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02477

Entity Name: KISSIMMEE-ST.CLOUD JAYCEES, INC.

Current Principal Place of Business:

7997 BRIDGESTONE DRIVE ORLANDO, FL 32835

Current Mailing Address:

7997 BRIDGESTONE DRIVE ORLANDO, FL 32835 US

FEI Number: 59-3357015

Name and Address of Current Registered Agent:

SANFORD FL 32771

Electronic Signature of Registered Agent

NRAI SERVICES, INC. 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

Officer/Director Detail : VPD Title PD Title BASH, EVAN Name SHANK, JOEL T Name 7997 BRIDGESTONE DRIVE Address **1782 HARBINGER TERRACE** Address City-State-Zip: DELTONA FL 32738 ORLANDO FL 32835 City-State-Zip: Title SD Name SOLOMAN, STEPHEN Address 105 MEADOW BLVD.

I hereby 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

Jan 09, 2014 Secretary of State CC8785424685

Date

FILED

Certificate of Status Desired: No

Date