

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706442

FILED
Feb 02, 2004
Secretary of State**Entity Name:** PENSACOLA JAYCEES, INC.**Current Principal Place of Business:**3689 E OLIVE RD
P.O. BOX 972
PENSACOLA, FL 32595 US**New Principal Place of Business:****Current Mailing Address:**3689 E. OLIVE RD.
P.O. BOX 972
PENSACOLA, FL 32591 US**New Mailing Address:****FEI Number:** 59-0782240 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SUTHERLAND, STEVE
311 NORTH SPRING STREET
PENSACOLA, FL 32501 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:** D () Delete
Name: BURROUGH, RICK
Address: 856 TARPON DRIVE
City-St-Zip: FT WALTON BEACH, FL**Title:** TD () Delete
Name: PARKER, ROBERT
Address: 3689 E OLIVE RD
City-St-Zip: PENSACOLA, FL 32595 US**Title:** D () Delete
Name: MARTIN, PATRICK
Address: 1035 E MAXWELL STREET
City-St-Zip: PENSACOLA, FL 32503**Title:** GD () Delete
Name: CARISLE, JESSICA
Address: 578 ARD DRIVE
City-St-Zip: PENSACOLA, FL 32526**Title:** P () Delete
Name: BENJAMIN, DARA
Address: 190N OLD CORRY FLD RD #204
City-St-Zip: PENSACOLA, FL 32507**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
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City-St-Zip:**Title:** () Change () Addition
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City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT PARKER

TD

02/02/2004

Electronic Signature of Signing Officer or Director_____
Date