

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 707276 (2)

1. Corporation Name

DAYTONA BEACH JAYCEES, INC.



Principal Place of Business

Mailing Address

**208 CEDAR ST
DAYTONA BEACH FL 32114**

**208 CEDAR ST
DAYTONA BEACH FL 32114**

3. Date Incorporated or Qualified

05/12/1964

3a. Date of Last Report

03/02/1995

2. Principal Place of Business

2a. Mailing Address

21 208 Cedar St.

26 208 Cedar St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

City & State

23 Daytona Beach, FL 32114

28 Daytona Beach- FL 32114

Zip Country

Zip Country

24 32114

25 Volusia

29 32114

30 Volusia

4. FEI Number

59-6045257

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**PAUL CULVER
208 CEDAR ST.
DAYTONA BEACH FL 32114**

10. Name and Address of New Registered Agent

81 Name

Barbara Begley

82 Street Address (P.O. Box Number is Not Acceptable)

208 Cedar St.

83

Daytona Beach, FL 32114

84 City

Daytona Beach

FL

85 Zip Code

32114

11. Pursuant to the provisions of Sections 617.0602 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

Barbara F. Begley

Barbara Begley President

1/19/96

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 | PRES | <input checked="" type="checkbox"/> DELETE |
| NAME | CULVER, PAUL | |
| STREET ADDRESS | 715 MARLENE DR. | |
| CITY-ST-ZIP | HOLLY HILL FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | ESPITIA, BYRON | |
| STREET ADDRESS | 144 W. SANDALWOOD CT. | |
| CITY-ST-ZIP | DAYTONA BEACH FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | ESPITIA, SHARON | |
| STREET ADDRESS | 144 W. SANDALWOOD CT. | |
| CITY-ST-ZIP | DAYTONA BEACH FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | CULVER, ELLEN | |
| STREET ADDRESS | 715 MARLENE DR. | |
| CITY-ST-ZIP | HOLLY HILL FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|-------------------|--------------------------------|--|
| 11 TITLE | President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | Begley, Barbara | |
| 13 STREET ADDRESS | 111 Rosalyn Ave. | |
| 14 CITY-ST-ZIP | Daytona Beach, FL 32118 | |
| 21 TITLE | Director | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | Robin Grunwell | |
| 23 STREET ADDRESS | 1025 S. Beach St., #65 | |
| 24 CITY-ST-ZIP | Daytona Beach, FL 32114 | |
| 31 TITLE | Director | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | Marcia Rudman | |
| 33 STREET ADDRESS | 11 Honey Bear Path | |
| 34 CITY-ST-ZIP | Ormond Beach, FL 32174 | |
| 41 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | | |
| 43 STREET ADDRESS | | |
| 44 CITY-ST-ZIP | | |
| 51 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | | |
| 53 STREET ADDRESS | | |
| 54 CITY-ST-ZIP | | |
| 61 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 64 CITY-ST-ZIP | | |

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)(k), 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:

Barbara Begley

1/19/96

(904) 255-9015

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E037 (12/95)