


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 09 1997 8:00am

Secretary of State

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> 707276 <b>1. Corporation Name</b> DAYTONA BEACH JAYCEES, INC.			
<b>Principal Place of Business</b> 208 CEDAR ST. DAYTONA BEACH, FL 32114		<b>Mailing Address</b> 208 CEDAR ST. DAYTONA BEACH, FL 32114	
<b>2. Principal Place of Business</b> <b>21</b> 208 CEDAR ST. Suite, Apt. #, etc.		<b>2a. Mailing Address</b> <b>26</b> Suite, Apt. #, etc.	
<b>22</b> City & State DAYTONA BEACH, FL		<b>27</b> City & State	
<b>23</b> Zip 32114		<b>24</b> Country USA	
<b>9. Name and Address of Current Registered Agent</b> TOM COOPER 2322 EDINGER NEW SMYRNA BEACH, FL 32110			
<b>81</b> Name ELLEN CULVER		<b>82</b> Street Address (P.O. Box Number is Not Acceptable) 111 WHEELER AVE.	
<b>83</b> City DAYTONA BEACH		<b>84</b> State FL	
<b>85</b> Zip 32114		<b>86</b> Code	
<b>11.</b> 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.			
<b>SIGNATURE</b> <i>Ellen E. Culver</i>		<b>DATE</b> 5-14-97	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			
<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>TITLE</b> <input type="checkbox"/> DELETE <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>1.1 TITLE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1.2 NAME</b> PRESIDENT <b>1.3 STREET ADDRESS</b> ELLEN CULVER <b>1.4 CITY-ST-ZIP</b> 111 WHEELER AVE DAYTONA BEACH FL 32114	
<b>TITLE</b> <input type="checkbox"/> DELETE <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>2.1 TITLE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2.2 NAME</b> MEMBER <b>2.3 STREET ADDRESS</b> PAUL CULVER <b>2.4 CITY-ST-ZIP</b> 111 WHEELER AVE DAYTONA BEACH FL 32114	
<b>TITLE</b> <input type="checkbox"/> DELETE <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>3.1 TITLE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3.2 NAME</b> COMMUNITY VP <b>3.3 STREET ADDRESS</b> JOE GOLDBERG <b>3.4 CITY-ST-ZIP</b> 3322 NOVA PORT ORANGE RD FL 32119	
<b>TITLE</b> <input type="checkbox"/> DELETE <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>4.1 TITLE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4.2 NAME</b> RUSSELL FOX <b>4.3 STREET ADDRESS</b> TRESURER <b>4.4 CITY-ST-ZIP</b> 111 WHEELER AVE DAYTONA BEACH FL 32114	
<b>TITLE</b> <input type="checkbox"/> DELETE <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>5.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>5.2 NAME</b> <b>5.3 STREET ADDRESS</b> <b>5.4 CITY-ST-ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> DELETE <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>6.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>6.2 NAME</b> 600002210916 <b>6.3 STREET ADDRESS</b> -06/13/97--01002--014 <b>6.4 CITY-ST-ZIP</b> ***61.25	
<b>14.</b> I do 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.			
<b>SIGNATURE:</b> <i>Randy A</i>		<b>DATE</b> 5-8-97	
Signature, AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E037 (9/96)