


FILE NOW: FILING FEE IS \$61.25

FILED

May 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 707276 (2)**

1. Corporation Name  
**DAYTONA BEACH JAYCEES, INC.**



Principal Place of Business <b>208 CEDAR ST DAYTONA BEACH FL 32114 US</b>	Mailing Address <b>208 CEDAR ST DAYTONA BEACH FL 32114</b>
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3. Date Incorporated or Qualified <b>05/12/1964</b>
4. FEI Number <b>59-6045257</b>
Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>

2. Principal Place of Business <b>21 208 CEDAR ST.</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>23 DAYTONA BEACH, FL</b>	City & State <b>27</b>
Zip <b>24 32114</b>	Country <b>25 USA</b>

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**CULVER, ELLEN  
1111 WHEELER AVE  
DAYTONA BEACH FL 32114**

10. Name and Address of New Registered Agent

81 Name <b>JOE GOLDBERG</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>5496 S. NOVA RD.</b>
83
84 City <b>HARBOR OAKS</b>
85 Zip Code <b>FL 32127</b>

11. 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.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE **4-22-98**

12. OFFICERS AND DIRECTORS

TITLE <b>P</b>	NAME <b>CULVER, ELLEN</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>1111 WHEELER AVE</b>		
CITY-ST-ZIP <b>DAYTONA BEACH FL 32114</b>		
TITLE <b>DVP</b>	NAME <b>CULVER, PAUL</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>1111 WHEELER AVE</b>		
CITY-ST-ZIP <b>DAYTONA BEACH FL 32114</b>		
TITLE <b>DVP</b>	NAME <b>GOLDBERG, JOE</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>5522 NOVA RD</b>		
CITY-ST-ZIP <b>PORT ORANGE FL 32119</b>		
TITLE <b>D</b>	NAME <b>FOX, RUSSELL</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>1111 WHEELER AVE</b>		
CITY-ST-ZIP <b>DAYTONA BEACH FL 32114</b>		
TITLE <b>D</b>	NAME <b>BARBARA VOLPE</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>2320 FESLINGER RD #65</b>		
CITY-ST-ZIP <b>NEW SMYRNA BEACH, FL 32168</b>		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>P</b>	1.2 NAME <b>JOE GOLDBERG</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.3 STREET ADDRESS <b>5496 S. NOVA RD</b>		
1.4 CITY-ST-ZIP <b>HARBOR OAKS, FL 32127</b>		
2.1 TITLE <b>DVP</b>	2.2 NAME <b>PAUL CARPANELLA</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS <b>110 WINDWARD DR</b>		
2.4 CITY-ST-ZIP <b>ORMOND BEACH, FL 32176</b>		
3.1 TITLE <b>DVP</b>	3.2 NAME <b>LAUREN CONNOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.3 STREET ADDRESS <b>8231 PRINCETON SQ. BLD #108</b>		
3.4 CITY-ST-ZIP <b>JACKSONVILLE, FL 32236</b>		
4.1 TITLE <b>DVP</b>	4.2 NAME <b>MARY HANNAGAN</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS <b>1147 BAYVIEW LN</b>		
4.4 CITY-ST-ZIP <b>PORT ORANGE, FL 32119</b>		
5.1 TITLE <b>DVP</b>	5.2 NAME <b>DAVE CULVER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.3 STREET ADDRESS <b>751 OERBYNSHIRE</b>		
5.4 CITY-ST-ZIP <b>DAYTONA BEACH, FL 32114</b>		
6.1 TITLE <b>D</b>	6.2 NAME <b>KARRIE CRUZ</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.3 STREET ADDRESS <b>246 TURKEY CREEK DR</b>		
6.4 CITY-ST-ZIP <b>PORT ORANGE, FL 32117</b>		

14. 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 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: *[Signature]* **RUSSELL FOX - 4 904-290-9872**

CR2E037 (10/97)