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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 707276

1. Corporation Name
DAYTONA BEACH JAYCEES, INC.

Principal Place of Business	Mailing Address
208 CEDAR ST DAYTONA BEACH FL 32114 US	208 CEDAR ST DAYTONA BEACH FL 32114

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/12/1964	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6045257	Applied For Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐	$8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

GOLDBERG, JOE
5496 S NOVA RD
HARBOR OAKS FL 32172

10. Name and Address of New Registered Agent

81 Name: JACKIE A FLORY
82 Street Address (P.O. Box Number is Not Acceptable): 661 CORDOVA AVE
83
84 City: ORMOND BEACH FL 85 Zip Code: 32174

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: _____ DATE: 032999
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	D Co-President D	☐ Change ☐ Addition
NAME	GOLDBERG, JOE		1.2 NAME	FLORY, JACKIE	
STREET ADDRESS	5496 S NOVA RD		1.3 STREET ADDRESS	661 CORDOVA AVE	
CITY-ST-ZIP	HARBOR OAKS FL 32127		1.4 CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	DVP	☐ DELETE	2.1 TITLE	D Co-President D	☒ Change ☐ Addition
NAME	CARPANELLA, PAUL		2.2 NAME	Cruz, Rafael	
STREET ADDRESS	110 WINDAMDN DR		2.3 STREET ADDRESS	746 Tumblebrook Drive	
CITY-ST-ZIP	ORMOND BEACH FL 32176		2.4 CITY-ST-ZIP	Port Orange, FL 32127	
TITLE	DVP	☐ DELETE	3.1 TITLE	D Heidi Juttner D	☒ Change ☐ Addition
NAME	CONNOR, LAUREEN		3.2 NAME	Membership V.P.	
STREET ADDRESS	8231 PRINCTON SQ BLVD. #108		3.3 STREET ADDRESS	5496 S. Nova Rd.	
CITY-ST-ZIP	JACKSONVILLE FL 32256		3.4 CITY-ST-ZIP	Harbor Oaks, FL 32172	
TITLE	DVP	☐ DELETE	4.1 TITLE	D I.D.V.P. D	☒ Change ☐ Addition
NAME	HANNAGAN, AMY		4.2 NAME	Karrie Cruz	
STREET ADDRESS	1147 BAYVIEW LN		4.3 STREET ADDRESS	746 Tumblebrook Drive	
CITY-ST-ZIP	PORT ORANGE FL 32119		4.4 CITY-ST-ZIP	Port Orange, FL 32127	
TITLE	DVP	☐ DELETE	5.1 TITLE	D C.V.P. D	☒ Change ☐ Addition
NAME	CULVER, DAVE		5.2 NAME	Robin Tardif-Morris	
STREET ADDRESS	751 DERBSHIEN		5.3 STREET ADDRESS	65 Banyan Drive	
CITY-ST-ZIP	DAYTONA BEACH FL 32114		5.4 CITY-ST-ZIP	Ormond Beach, FL 32176	
TITLE	D	☐ DELETE	6.1 TITLE	D Treasurer D	☒ Change ☐ Addition
NAME	VOLPE, BARBARA		6.2 NAME	David Culver	
STREET ADDRESS	2320 ESULINGER RD, #65		6.3 STREET ADDRESS	751 Derbyshire Rd.	
CITY-ST-ZIP	NEW SYMRA BEACH FL 32168		6.4 CITY-ST-ZIP	Daytona Beach, FL 32114	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Michael Cruz 2-11-99 (904) 761-2303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytona Phone #