

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90511 049 ****61.25

DOCUMENT # 707276			
1. Entity Name DAYTONA BEACH JAYCEES, INC.			
Principal Place of Business 208 CEDAR ST DAYTONA BEACH, FL 32114 US		Mailing Address 208 CEDAR ST DAYTONA BEACH, FL 32114	
2. Principal Place of Business P.O. Box 11463		3. Mailing Address P.O. Box 11463	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Daytona Beach		City & State Daytona Beach	
Zip 32120	Country	Zip 32120	Country
4. FEI Number 59-6045257		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARPERELLA, PAUL 189 MOONSTONE COURT PORT ORANGE, FL 32119		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when not including) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEVENS, MICHELLE 923 CHICKADEE DR. PORT ORANGE, FL 32127 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO McAfee, Jerry 2055 Wto Blvd. New Smyrna Beach, FL 32168 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LIQUORI, MARLENE 42 SPRINGWOOD SQUARE PORT ORANGE, FL 32119 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Connor, Laureen 107 Powell Blvd #3105 Daytona Beach, FL 32114 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARPERELLA, KATIE 189 MOONSTONE COURT PORT ORANGE, FL 32119 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Squires, Jonathan 432 Eastwood Lane Daytona Beach, FL 32118 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOLDBERG, JOE 5496 S NOVA ROAD PORT ORANGE, FL 32127 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Laureen M Connor</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR LAUREEN M. CONNOR		Date: 4-21-04 Daytime Phone #: 386-323-1478	