

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2006 8:00 am
Secretary of State

09-06-2006 90039 020 ****61.25

DOCUMENT # 707276

1. Entity Name
DAYTONA BEACH JAYCEES, INC.



Principal Place of Business
PO BOX 11463
DAYTONA BEACH, FL 32120 US

Mailing Address
PO BOX 11463
DAYTONA BEACH, FL 32120 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07182006 Chg-NP. CR2E037 (4/06)

City & State

City & State

4. FEI Number
59-6045257

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLDBERG, JOE
5496 S. NOVA ROAD
PORT ORANGE, FL 32127

Name
~~Lucinda Victoria Dodson~~
Street Address (P.O. Box Number is Not Acceptable)
1125 Loblolly Lane

City
Port Orange, FL Zip Code
32129

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 Lucinda V. Dodson Lucinda V. Dodson, President/Director 8/15/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by September 6, 2006

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 PD ☒ Delete
NAME GOLDBERG, JOE
STREET ADDRESS 5496 S. NOVA ROAD
CITY-ST-ZIP PORT ORANGE, FL 32127

TITLE President/Director ☐ Change ☒ Addition
NAME Lucinda Victoria Dodson
STREET ADDRESS 1125 Loblolly Lane
CITY-ST-ZIP Port Orange, FL 32129

TITLE TD ☒ Delete
NAME WOLFELSCHNEIDER, JESSI
STREET ADDRESS 1320 HAND AVE., LOT 55
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE Management VP ☐ Change ☒ Addition
NAME Rafael Cruz
STREET ADDRESS 1125 Loblolly Lane
CITY-ST-ZIP Port Orange, FL 32129

TITLE D ☒ Delete
NAME MCAFEE, JERRY
STREET ADDRESS 2055 PORTO BLVD.
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

TITLE Secretary ☐ Change ☒ Addition
NAME Kelly Joslyn
STREET ADDRESS 640 Northern Rd. #207
CITY-ST-ZIP S. Daytona, FL 32119

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Lucinda V. Dodson Lucinda V. Dodson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #