

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710531

(5)

1. Corporation Name

THE TAMPA JAYCEES, INC.

Principal Place of Business

**5011 W. HILLSBOROUGH
SUITE E
TAMPA FL 33634
US**

Mailing Address

**P.O. BOX 274001
TAMPA FL 33688**



3. Date Incorporated or Qualified
03/15/1966

3a. Date of Last Report
08/25/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **P.O. Box 274001**

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DOTY, JOHN T
8649 N. HIMES AVE.
#806
TAMPA FL 33614**

81 Name

Richards, Jason L

82 Street Address (P.O. Box Number is Not Acceptable)

10028 Stratford Oak Ct #713

83

84 City

Tampa

FL

85

Zip Code
33624

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

Richards, Jason

(NOTE: Registered Agent signature required when reinstating)

Jason L Richards

4/27/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	NAME	DOTY, JOHN T	DELETED
STREET ADDRESS			8649 N. HIMES AVE.	
CITY-ST-ZIP			TAMPA FL	
TITLE	V	NAME	WAGNER, JEFF	DELETED
STREET ADDRESS			5109 PENNSBURG DR.	
CITY-ST-ZIP			TAMPA FL 33624	
TITLE	VD	NAME	RICHARDS, JASON	DELETED
STREET ADDRESS			6401 S. WESTSHORE BLVD.	
CITY-ST-ZIP			TAMPA FL 33616	
TITLE	VD	NAME	STAMM, ANNIE	DELETED
STREET ADDRESS			14606 WATERLOO ROAD	
CITY-ST-ZIP			ODESSA FL 33556	
TITLE	VD	NAME	BARNES, PAUL	DELETED
STREET ADDRESS			3202 COLWELL AVE.	
CITY-ST-ZIP			TAMPA FL 33614	
TITLE	T	NAME	PEZZOLICH, DAN	DELETED
STREET ADDRESS			22626 WEEKS BLVD.	
CITY-ST-ZIP			LAND O LAKES FL 33639	

1.1 TITLE	President	Change	Addition
1.2 NAME	Richards, Jason		
1.3 STREET ADDRESS	10028 Stratford Oak Ct #713		
1.4 CITY-ST-ZIP	Tpa FL 33624		
2.1 TITLE	Vice President	Change	Addition
2.2 NAME	Kristen Christina Jordan		
2.3 STREET ADDRESS	3112 Belle Shawdon Lane		
2.4 CITY-ST-ZIP	Tpa FL 33634		
3.1 TITLE	Treasurer	Change	Addition
3.2 NAME	Raul Barnes		
3.3 STREET ADDRESS	3209 Colwell Ave.		
3.4 CITY-ST-ZIP	Tampa FL 33614		
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Jason L Richards** **JASON L Richards** President **4/27/96** **968-2296**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone #

CR2E037 (12/95)