

FILE NOW: FILING FEE IS \$61.25

FILED

May 29 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

5011 W. HILLSBOROUGH
SUITE E
TAMPA FL 33634
USP.O. BOX 274001
TAMPA FL 33688-40013. Date Incorporated or Qualified
03/15/19663a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-0536835

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RICHARDS, JASON L
10028 STRAFFORD OAK CT #713
TAMPA FL 33624

81 Name

Melinda Woods

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

12101 N. Dale Mabry Hwy

83 Apt #1814

84 City

Tampa

FL

85 Zip Code

33618

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 typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	RICHARDS, JASON	10028 STRAFFORD OAK CT #713	TAMPA FL 33624	<input checked="" type="checkbox"/>
VP	JORDAN, CHRISTINA	3112 BELLE SHADOW LANE	TAMPA FL 33634	<input checked="" type="checkbox"/>
VD	RICHARDS, JASON	6401 S. WESTSHORE BLVD.	TAMPA FL 33616	<input checked="" type="checkbox"/>
T	BARNES, PAUL	3202 COLWELL AVE	TAMPA FL 33614	<input checked="" type="checkbox"/>
VD	BARNES, PAUL	3202 COLWELL AVE.	TAMPA FL 33614	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
President	Jennifer Hubbell	3850 N. Lake Drive #139	Tampa, FL 33614	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
Vice President	Melinda Woods	12101 N. Dale Mabry #1814	Tampa, FL 33618	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
Trustee	Lareen Lumsden	10207 Marsh Harbor Way #4	Riverview, FL 33569	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
Trustee	Bill Hossman	3850 N. Lake Drive #139	Tampa, FL 33614	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
Trustee	Jim Paugh	8501 N. 50th Street #308	Tampa, FL 33617	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0049484

CR2E037 (9/96)