FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997

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

FILED
May 16 1997 8:00am
Secretary of State

DOCUMENT # 710962 (2)

1. Corporation Name

THE LAKELAND JAYCEES INC.

Principal Place of Business	Mailing Address
2000 N. GILMORE AVE. LAKELAND FL 33805 US	POST OFFICE BOX 82333 LAKELAND FL 33804-2333

3. Date Incorporated or Qualified 05/31/1966
3a. Date of Last Report 05/01/1996

2. Principal Place of Business [21]
2a. Mailing Address [26]

Suite, Apt. #, etc. [22]
Suite, Apt. #, etc. [27]

City & State [23]
City & State [28]

Zip [24] Country [25]
Zip [29] Country [30]

4. FEI Number 59-1712054 | Applied For / Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PHILLIPS, MARSHA BAGLEY
2244 CRYSTAL GROVE LANE
LAKELAND FL 33801

10. Name and Address of New Registered Agent

[81] Name
[82] Street Address (P.O. Box Number Is Not Acceptable)
[83]
[84] City FL [85] Zip Code

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 PD ☑ DELETE		1.1 TITLE PD Cheryl Jones	☐ Change ☑ Addition
NAME RUTLEGDE, KATRINA		1.2 NAME	
STREET ADDRESS 217 VILLAGE VIEW		1.3 STREET ADDRESS 2208 KING AVE	
CITY-ST-ZIP LAKELAND FL		1.4 CITY-ST-ZIP Lakeland, FL 338	
TITLE CD ☐ DELETE		2.1 TITLE TD	☑ Change ☐ Addition
NAME WIENSCKE, JILL		2.2 NAME WEINISCHKE, JILL	
STREET ADDRESS 637 WILLIAM ST		2.3 STREET ADDRESS 1703 Sims Place	
CITY-ST-ZIP LAKELAND FL		2.4 CITY-ST-ZIP Lakeland, FL 33803	
TITLE MD ☐ DELETE		3.1 TITLE MD	☑ Change ☐ Addition
NAME WIENSCKE, BRAD		3.2 NAME WEINISCHKE, BRAD	
STREET ADDRESS 637 WILLIAM ST		3.3 STREET ADDRESS 1703 Sims Place	
CITY-ST-ZIP LAKELAND FL		3.4 CITY-ST-ZIP Lakeland, FL 33803	
TITLE D ☐ DELETE		4.1 TITLE VD	☐ Change ☑ Addition
NAME HALL, GREGG		4.2 NAME Ptak, Stephonie	
STREET ADDRESS 5843 CRONE DR		4.3 STREET ADDRESS 716 Glendale St.	
CITY-ST-ZIP LAKELAND FL		4.4 CITY-ST-ZIP Lakeland, FL 33803	
TITLE ☐ DELETE		5.1 TITLE DD	☑ Change ☐ Addition
NAME		5.2 NAME HALL, GREGG	
STREET ADDRESS		5.3 STREET ADDRESS 5843 CRANE DR.	
CITY-ST-ZIP		5.4 CITY-ST-ZIP Lakeland FL 33809	
TITLE ☐ DELETE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

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: _____   3/31/97   941-534-6046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

0052726