

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 92333
LAKELAND FL 33804-2333



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	05/31/1966
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-1712054
24 Country	29 Country	Applied For
	30	Not Applicable

3. Date Incorporated or Qualified

05/31/1966

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

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

PHILLIPS, MARSHA BAGLEY
2244 CRYSTAL GROVE LANE
LAKELAND FL 33801

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	1.1 TITLE	CD
NAME	JONES, CHERYL	1.2 NAME	
STREET ADDRESS	2208 KING AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	
NAME	WEINISCHKE, JILL	2.2 NAME	
STREET ADDRESS	1702 SIMS PLACE	2.3 STREET ADDRESS	1703 Sims Place
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	
TITLE	VMD	3.1 TITLE	PD
NAME	WEINISCHKE, BRAD	3.2 NAME	
STREET ADDRESS	1703 SIMS PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	VD
NAME	PTAK, STEPHANIE	4.2 NAME	Dana Long
STREET ADDRESS	716 GLENDALE ST	4.3 STREET ADDRESS	2000 N. Gilmore Ave
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	Lakeland, FL 33805
TITLE	DD	5.1 TITLE	
NAME	HALL, GREGG	5.2 NAME	
STREET ADDRESS	5843 CRANE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: Brad Weinischke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/98 641/555 3378

Date

Day/Time Phone #

CR2E037 (5/98)