

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 26, 1999 8:00 am
Secretary of State

07-26-1999 90001 005 ****61.25

DOCUMENT # 710962

1. Corporation Name

THE LAKELAND JAYCEES INC.

Principal Place of Business

2000 N. GILMORE AVE.
LAKELAND FL 33805
US

Mailing Address

POST OFFICE BOX 92333
LAKELAND FL 33804-2333



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/31/1966

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-1712054

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PHILLIPS, MARSHA BAGLEY
2244 CRYSTAL GROVE LANE
LAKELAND FL 33801

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 **CD** ☐ DELETE

NAME **JONES, CHERYL**
STREET ADDRESS **2208 KING AVE**
CITY-ST-ZIP **LAKELAND FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE **TD** ☐ DELETE

NAME **WEINISCHKE, JILL**
STREET ADDRESS **1703 SIMS PLACE**
CITY-ST-ZIP **LAKELAND FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE **PD** ☐ DELETE

NAME **WEINISCHKE, BRAD**
STREET ADDRESS **1703 SIMS PLACE**
CITY-ST-ZIP **LAKELAND FL**

3.1 TITLE ☐ Change ☐ Addition

TITLE **VD** ☒ DELETE

NAME **PTAK, STEPHANIE**
STREET ADDRESS **716 GLENDALE ST**
CITY-ST-ZIP **LAKELAND FL**

4.1 TITLE ☐ Change ☐ Addition

TITLE **DD** ☐ DELETE

NAME **HALL, GREGG**
STREET ADDRESS **5843 CRANE DR**
CITY-ST-ZIP **LAKELAND FL**

5.1 TITLE ☐ Change ☐ Addition

TITLE **VD** ☐ DELETE

NAME **LONG, DANA**
STREET ADDRESS **2000 N. GILMORE AVENUE**
CITY-ST-ZIP **LAKELAND FL 33805**

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME **VP**
6.3 STREET ADDRESS **Long, Dana**
2000 N. Gilmore Ave.
6.4 CITY-ST-ZIP **Lakeland FL 33805**

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, with all other like empowered.

SIGNATURE:

BRADLEY WEINISCHKE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/99
Date

941-686-8383
Daytime Phone #

CR2E037 (5/99)