

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED

96 SEP 24 PM 12:51

SECRETARY OF STATE
TALLAHASSEE

DOCUMENT # 711123 (0)

1. Corporation Name
FLORIDA JAYCEES, INC.

Principal Place of Business

Mailing Address

2000 NORTH GILMORE AVE
P.O. BOX 90125
LAKELAND FL 33804-0125

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P.O. BOX 90125
LAKELAND FL 33804-0125

3. Date Incorporated or Qualified
06/30/1966

3a. Date of Last Report
05/01/1995

4. FEI Number
59-0543838

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAXSON, DANIEL E
2000 N. GILMORE AVE
LAKELAND FL 33805

81 Name

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

83 800001975546-5

84 -10/15/96--01226--029
*****61.25 FL *****0125

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	D	<input checked="" type="checkbox"/> DELETE
NAME	PROBYN, MIKE	
STREET ADDRESS	P.O. BOX NA	
CITY - ST - ZIP	KEYSTONE HEIGHTS FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SNYDER, SCOTT	
STREET ADDRESS	11328 OKEECHOBEE BLVD #9	
CITY - ST - ZIP	ROYLA PLAM BCH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	JUTTNER, HEIDI	
STREET ADDRESS	5496 S. NOVA RD.	
CITY - ST - ZIP	HARBOR OAKS FL	
TITLE	COB	<input checked="" type="checkbox"/> DELETE
NAME	SEIDEL, ERIC	
STREET ADDRESS	3550 WASHINGTON ST. #708B	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HAZELETT, JOAN	
STREET ADDRESS	1718 PRIMROSE LANE	
CITY - ST - ZIP	W PALM BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CIPRESSY, MARY ANN	
STREET ADDRESS	6264 WEST SHORE DR.	
CITY - ST - ZIP	FT. MYERS FL	

1.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LJ PERTESIS	
1.3 STREET ADDRESS	3441 NE 14TH TERRACE	
1.4 CITY - ST - ZIP	POMPANO BEACH FL 33064	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	THOMAS P COYLE	
2.3 STREET ADDRESS	765 MANDARINE ST	
2.4 CITY - ST - ZIP	MERRITT ISL FL 33453	
3.1 TITLE	COB PACTOBL COB	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	COB	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JOAN HAZELETT	
4.3 STREET ADDRESS	1718 PRIMROSE LANE	
4.4 CITY - ST - ZIP	W PALM BEACH, FL	
5.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SHARON JOHNSON	
5.3 STREET ADDRESS	2931 SW 87TH TERRACE #1924	
5.4 CITY - ST - ZIP	DAVIE, FL 33328	
6.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	CINDY BRANDEL	
6.3 STREET ADDRESS	2525 NE 131ST LANE	
6.4 CITY - ST - ZIP	OKEECHOBEE, FL 34972	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

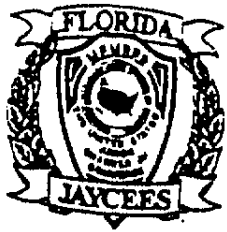
SHARON M JOHNSON PRES 8/15/96 941-688-5481

Date

Daytime Phone #

MWB 9-24-96

CR2E037 (12/95)



Florida Junior Chamber Of Commerce

2000 N. Gilmore Avenue
Lakeland, Fl. 33805
941-688-5481 fax 941-688-0838

September 20, 1996

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Attention: Marie Bartlett

Dear Ms. Bartlett,

As per our conversation this date I am writing this letter to request the Reinstatement Fee of \$175.00 be waived for the following companies:

Florida Jaycees, Inc., Document # 711123
Florida Jaycees Charitable & Educational Foundation, Document # N16472
Florida Jaycee Memorial Foundation, Inc., Document #741327
Florida Junior Chamber of Commerce Disaster Relief Foundation, Inc., Document #N94000001621

At the end of the month of April 1996, I call the Department of State and spoke to a woman in your offices. I explained to her that we would not know who would be our incoming new officers and directors until some time after the May 1st due date. She told me that because our corporations were of the nonprofit variety we did not need to worry about the timeliness of our filing and that there would not be any late fees applied. She continued to say that the Department of State understood that nonprofit organizations change officers on an annual basis and did not always know who the officers would be at the time of the filing due date. She assured me that we had nothing to worry about.

We recently received a notice of Administrative Dissolution or Revocation which stated that Second notices were sent out. I did not receive these notices. Had I received these notices I assure you I would of made sure these forms were taken care of.

This past weekend our corporations all had board meetings giving me the appropriate names of the new officers and approval to submit these forms. (please see enclosed forms and checks)

I thank you for any and all help you can be in having these fees waived.

Sincerely,

Bobbi G. Coyle
Bookkeeper

Enclosures

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