

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716497

FILED
Mar 20, 2007
Secretary of State

Entity Name: LEHIGH ACRES JAYCEES, INC.

Current Principal Place of Business:

500 SUNSHINE BLVD.
LEHIGH ACRES, FL 33971

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 111
LEHIGH ACRES, FL 33970

New Mailing Address:

FEI Number: 23-7424309

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANGLICKIS, RICHARD A
643 GRANDVIEW DRIVE
LEHIGH ACRES, FL 33936 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ANGLICKIS, RICHARD A
Address: 643 GRANDVIEW DRIVE
City-St-Zip: LEHIGH ACRES, FL 33936

Title: VD () Delete
Name: RICE, RONALD T
Address: 204 EIGHTH AVE
City-St-Zip: LEHIGH ACRES, FL 33972

Title: VD () Delete
Name: MATHISEN, DAWN
Address: 1714 MARGATE BLVD
City-St-Zip: LEHIGH ACRES, FL 33936

Title: SD () Delete
Name: BODDIE, BRIAN
Address: 20141 SEAGROVE STREET, #304
City-St-Zip: ESTERO, FL 33928

Title: TD () Delete
Name: WILLIAMS, LAWRENCE
Address: 1228 ARCHDALE STREET
City-St-Zip: LEHIGH ACRES, FL 33936

Title: VD () Delete
Name: ELLIOTT, FRED
Address: 1400 HOMESTEAD ROAD NORTH
City-St-Zip: LEHIGH ACRES, FL 33936

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD A. ANGLICKIS

PD

03/20/2007

Electronic Signature of Signing Officer or Director

Date