2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# 716497

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:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
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 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 PRES 04/15/2009

Electronic Signature of Signing Officer or Director — Date