

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

95 MAY -1 AM 10:15

CORPORATION
ANNUAL REPORT
1995



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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
APPROVED
AND
FILED

DOCUMENT # 719315 (4)

1. Corporation Name
ENGLEWOOD JAYCEES, INC.

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
350 S. INDIANA AVE. 350 S. INDIANA AVE.
ENGLEWOOD FL 34223 ENGLEWOOD FL 34223

3. Date Incorporated or Qualified 3a. Date of Last Report
09/16/1970 04/20/1994

4. FEI Number Applied For
59-2466856 Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip 28 Country

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

24 Zip 25 Country 29 Zip 30 Country

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WELLBAUM, R.W., JR.
350 S. INDIANA
ENGLEWOOD FL 34223

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

P
TITLE BUSH, CHUCK
NAME 6430 ROSEWOOD DR.
STREET ADDRESS ENGLEWOOD FL
CITY - ST - ZIP

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

MV
TITLE CICMAR, SANDRA
NAME 13676 BENNETT DR.
STREET ADDRESS PORT CHARLOTT FL
CITY - ST - ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

DV
TITLE NEWELL, TAMMY
NAME 6430 ROSEWOOD DR.
STREET ADDRESS ENGLEWOOD FL
CITY - ST - ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

T
TITLE SALAWAY, KAREN
NAME 817 E. 6TH ST.
STREET ADDRESS ENGLEWOOD FL
CITY - ST - ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

D
TITLE STUCKEY, KEN
NAME 2975 OYSTER CREEK
STREET ADDRESS ENGLEWOOD FL
CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

V
TITLE MEHARCHAND, MIDGE
NAME 201 CADDY RD.
STREET ADDRESS ROTONDA WEST FL
CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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 110.07(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: KAREN KAY SALAWAY 4/26/95 813 475 2282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Number