

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **719315** (4)

1. Corporation Name

ENGLEWOOD JAYCEES, INC.

Principal Place of Business

Mailing Address

~~350 S. INDIANA AVE.,~~
~~ENGLEWOOD FL 34223~~

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~~ENGLEWOOD FL 34223~~



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***\$61.25

3. Date Incorporated or Qualified **09/16/1970** 3a. Date of Last Report **05/01/1995**

4. FEI Number **59-2466856** 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 1160 S McCall Rd

26 1160 S McCall Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite B

27 Suite B

City & State

City & State

23 Englewood Fla

28 Englewood Fla

Zip

Country

Zip

Country

24 34223

25 USA

29 34223

30 USA

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~~

81 Name Wellbaum, R.W. Jr.

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

1160 S. McCall Rd Suite B

83

84 City Englewood

FL

85 Zip Code 34223

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	P	<input checked="" type="checkbox"/> DELETE
NAME	BUSH, CHUCK	
STREET ADDRESS	6430 ROSEWOOD DR.	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	MV	<input type="checkbox"/> DELETE
NAME	CICMAR, SANDRA	
STREET ADDRESS	13676 BENNETT DR.	
CITY-ST-ZIP	PORT CHARLOTT FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	NEWELL, TAMMY	
STREET ADDRESS	6430 ROSEWOOD DR.	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SALAWAY, KAREN	
STREET ADDRESS	817 E. 6TH ST.	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STUCKEY, KEN	
STREET ADDRESS	2975 OYSTER CREEK	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MEHARCHAND, MIDGE	
STREET ADDRESS	201 GADDY RD.	
CITY-ST-ZIP	ROTONDA WEST FL	

11 TITLE	PP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Alyssa Schnugg	
13 STREET ADDRESS	11353 Laffite Pl	
14 CITY-ST-ZIP	Englewood Fla 33981	
21 TITLE	MVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Julie Boncoksi	
23 STREET ADDRESS	6104 Bixel Ln	
24 CITY-ST-ZIP	Englewood Fla 34224	
31 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	Chuck Bush	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	6430 Rosewood Dr	
43 STREET ADDRESS	Englewood, Fla 34224	
44 CITY-ST-ZIP		
51 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Marty Lewis	
53 STREET ADDRESS	6238 Berkely St	
54 CITY-ST-ZIP	Englewood Fla 34224	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 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: **Alyssa Schnugg** **7-19-96** **941-474-5527**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)