

FILE NOW: FILING FEE IS \$61.25

FILED

May 14 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

**1180 S. MCCALL RD.
STE B
ENGLEWOOD FL 34223**

Mailing Address

**1180 S. MCCALL RD.
STE B
ENGLEWOOD FL 34223-4230**

3. Date Incorporated or Qualified
09/16/1970

3a. Date of Last Report
05/20/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

25 Suite, Apt. #, etc.

26 City & State

27 Zip Country

28

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WELLBAUM, R.W., JR.
1180 S. MCCALL RD.
STE B
ENGLEWOOD FL 34223**

81 Name

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

83

84 City

FL

85 Zip Code

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 **PD** ☒ DELETE

NAME **SCHNUGG, ALYSSA**
STREET ADDRESS **11353 LAFFITE PL.**
CITY-ST-ZIP **ENGLEWOOD FL 33981**

TITLE **MVD** ☒ DELETE

NAME **BONCOSKI, JULIE**
STREET ADDRESS **6104 BIXEL LN.**
CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE **CD** ☒ DELETE

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

TITLE **D** ☒ DELETE

NAME **BUSH, CHUCK**
STREET ADDRESS **6430 ROSEWOOD DR.**
CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE **D** ☒ DELETE

NAME **LEWIS, MARTY**
STREET ADDRESS **6238 BERKELY ST.**
CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE **PD** ☐ Change ☒ Addition

1.2 NAME **JULIE D. BONCOSKI**
1.3 STREET ADDRESS **6104 BIXEL LANE**
1.4 CITY-ST-ZIP **ENGLEWOOD FL 34224**

2.1 TITLE **MVD** ☐ Change ☒ Addition

2.2 NAME **RUSS A. BONCOSKI**
2.3 STREET ADDRESS **6104 BIXEL LANE**
2.4 CITY-ST-ZIP **ENGLEWOOD FL 34224**

3.1 TITLE **CD** ☐ Change ☒ Addition

3.2 NAME **STACY PERETZ**
3.3 STREET ADDRESS **881 BAYSHORE DR.**
3.4 CITY-ST-ZIP **ENGLEWOOD FL 34223**

4.1 TITLE **D** ☐ Change ☒ Addition

4.2 NAME **CHUCK BUSH**
4.3 STREET ADDRESS **6430 ROSEWOOD DR.**
4.4 CITY-ST-ZIP **ENGLEWOOD FL 34224**

5.1 TITLE **ST** ☐ Change ☒ Addition

5.2 NAME **TRACY MONTGOMERY**
5.3 STREET ADDRESS **10309 GREENWAY AVE.**
5.4 CITY-ST-ZIP **ENGLEWOOD FL 34224**

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)

4-25-97 941-971-0171