

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1998 8:00am
Secretary of State

1. NONPROFIT CORPORATION ANNUAL REPORT 1998		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 1160 S. MCCALL RD. STE B ENGLEWOOD FL 34223	Mailing Address 1160 S. MCCALL RD. STE B ENGLEWOOD FL 34223
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3. Date Incorporated or Qualified 09/16/1970	
4. FEI Number 59-2466856	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent WELLBAUM, R.W., JR. 1160 S. MCCALL RD. STE B ENGLEWOOD FL 34223	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME BONCOSKI, JULIE D.	
STREET ADDRESS 6104 BIXEL LANE	
CITY-ST-ZIP ENGLEWOOD FL	
TITLE MVD	<input checked="" type="checkbox"/> DELETE
NAME BONCOSKI, RUSS A.	
STREET ADDRESS 6104 BIXEL LANE	
CITY-ST-ZIP ENGLEWOOD FL	
TITLE CD	<input checked="" type="checkbox"/> DELETE
NAME PERETZ, STACY	
STREET ADDRESS 881 BAYSHORE DR.	
CITY-ST-ZIP ENGLEWOOD FL	
TITLE D	<input type="checkbox"/> DELETE
NAME BUSH, CHUCK	
STREET ADDRESS 6430 ROSEWOOD DR.	
CITY-ST-ZIP ENGLEWOOD FL	
TITLE ST	<input checked="" type="checkbox"/> DELETE
NAME MONTGOMERY, TRACY	
STREET ADDRESS 1030A9 GREENWAY AVE.	
CITY-ST-ZIP ENGLEWOOD FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Larry Coder
1.3 STREET ADDRESS	1170 Pine St.
1.4 CITY-ST-ZIP	Englewood, FL 34224
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Emily Stefanik
2.3 STREET ADDRESS	96 Rotonda Cir, Rotonda FL 33947
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	000002514560
6.3 STREET ADDRESS	-05/07/98--01008--020
6.4 CITY-ST-ZIP	***61.25

14. I 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.

SIGNATURE _____ DATE **4-21-98**

CR2E037 (1097)