

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719315

FILED
Mar 19, 2009
Secretary of State

Entity Name: ENGLEWOOD JAYCEES, INC.

Current Principal Place of Business:

6430 ROSEWOOD DR.
ENGLEWOOD, FL 34224

New Principal Place of Business:

Current Mailing Address:

ENGELWOOD JAYCEES
POB 464
ENGLEWOOD, FL 34295

New Mailing Address:

FEI Number: 59-2466856

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSH, CHARLES
6430 ROSWOODE DR.
ENGLEWOOD, FL 34224 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: D () Delete
Name: ALEXANDER, REBECCA
Address: 10324 GREENWAY AVE.
City-St-Zip: ENGLEWOOD, FL 34224

Title: D () Delete
Name: CODER, LARRY
Address: 1161 SHARLO CIRCLE
City-St-Zip: ENGLEWOOD, FL 34224

Title: D () Delete
Name: MONTGOMERY, MARTY
Address: 10209 GREENWAY AVENUE
City-St-Zip: ENGLEWOOD, FL 34224

Title: D () Delete
Name: MONTGOMERY, TRACY
Address: 10209 GREENWAY AVENUE
City-St-Zip: ENGLEWOOD, FL 34224

Title: P () Delete
Name: BUSH, CHARLES
Address: 6430 ROSEWOOD DR.
City-St-Zip: ENGLEWOOD, FL 34224

Title: D () Delete
Name: KRAMER, DAN
Address: 1151 SHARLO CIRCLE
City-St-Zip: ENGLEWOOD, FL 34224

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: D (X) Change () Addition
Name: KRAMER, DAN
Address: 10324 GREENWAY AVENUE
City-St-Zip: ENGLEWOOD, FL 34224

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: REBECCA ALEXANDER

D

03/19/2009

Electronic Signature of Signing Officer or Director

Date