


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 18 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 # **723132** (7)

1. Corporation Name

STUART-JENSEN BEACH JAYCEES, INC

Principal Place of Business

Mailing Address

**1501 DECKER AVE., UNIT 110
STUART FL 34994-3964**

**1501 DECKER AVE., UNIT 110
STUART FL 34994-3964**



3. Date Incorporated or Qualified **04/11/1972** 3a. Date of Last Report **05/09/1996**

2. Principal Place of Business	2a. Mailing Address
21 2400 NE Causeway Blvd	26 1820 NE Jensen Beach
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27 Blvd., #576
City & State	City & State
23 Jensen Beach, FL 34957	28 Jensen Beach, FL 34957
Zip	Zip
24	29
Country	Country
25 Martin	30 Martin

4. FEI Number **59-1660525** 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

**KOEBE, BRUCE A
2477 N.E. DIXIE HWY.
JENSEN BEACH FL 34957**

10. Name and Address of New Registered Agent

81 Name	Frank Nelson
82 Street Address (P.O. Box Number is Not Acceptable)	3830 SE Lee St.
83	
84 City	Stuart
85 Zip Code	FL 34997

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 617.1503, Florida Statutes.

SIGNATURE **Frank Nelson**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/97

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	NELSON, FRANK
STREET ADDRESS	S.E. LEE STREET
CITY-ST-ZIP	STUART FL 34997
TITLE	TD <input type="checkbox"/> DELETE
NAME	SILVER, LESLIE
STREET ADDRESS	3136 S.E. MIMOSA STREET
CITY-ST-ZIP	STUART FL 34997
TITLE	VD <input type="checkbox"/> DELETE
NAME	QUINN, TERILYNN
STREET ADDRESS	2129 S.W. LOCKS ROAD
CITY-ST-ZIP	STUART FL 34997
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3830 SE Lee St.
1.4 CITY-ST-ZIP	
2.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	James Rizzolo
2.3 STREET ADDRESS	910 NW 11th Terr.
2.4 CITY-ST-ZIP	Stuart, FL 34994
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	
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.

SIGNATURE **Frank Nelson**

4/30/97

CR2E037 (9/96)