

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 732794

1. Corporation Name

THE ORLANDO JAYCEES, INC.

Principal Place of Business

 POST OFFICE BOX 2047
ORLANDO FL 32802
US

Mailing Address

 POST OFFICE BOX 2047
ORLANDO FL 32802
US

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90151 015 ****61.25



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/19/1975	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-0385542	
24 Country		29 Country		5. Certificate of Status Desired ☐	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution ☐	
				\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
RICHBOURG, RICK 899 37 ST ORLANDO FL 32805				81 Name <u>Kerlee Jerry A</u>	
				82 Street Address (P.O. Box Number is Not Acceptable) <u>2541 South Semoran Blvd</u>	
				83 Apt <u>1712</u>	
				84 City <u>Orlando, FL</u> 85 Zip Code <u>32822</u>	
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		DATE			
<u>[Signature]</u>		4/29/99			
(NOTE: Registered Agent signature required when re-registering)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DS	☐ DELETE	1.1 TITLE	Chairman of the Board	☐ Change ☐ Addition
NAME	MALINOWSKI, DEANNA		1.2 NAME	Richbourg, Rich	D
STREET ADDRESS	4225 THORNBRIAR LANE #210		1.3 STREET ADDRESS	899 37th street	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	Orlando, FL	
TITLE	D	☐ DELETE	2.1 TITLE	President	☐ Change ☐ Addition
NAME	CASWELL, GARY		2.2 NAME	Jerry A Kerlee	PID
STREET ADDRESS	2843 ANTIOCH WAY		2.3 STREET ADDRESS	2541 South Semoran Blvd -#1712	
CITY-ST-ZIP	ORLANDO FL 32807		2.4 CITY-ST-ZIP	Orlando, FL	
TITLE	D	☐ DELETE	3.1 TITLE	Secretary	☐ Change ☐ Addition
NAME	HARRIS, STEVE		3.2 NAME	Linde Perkey	D/S
STREET ADDRESS	5505 HERNANDEZ DRIVE -#248		3.3 STREET ADDRESS	2837 Kinnison Dr	
CITY-ST-ZIP	ORLANDO FL 32808		3.4 CITY-ST-ZIP	Orlando FL	
TITLE	D	☐ DELETE	4.1 TITLE	Treasurer	☐ Change ☐ Addition
NAME	RICHBOURG, RICH		4.2 NAME	Joel K Freund	DIT
STREET ADDRESS	899 37 ST		4.3 STREET ADDRESS	320 Riverchase Dr.	
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	Orlando, FL 32807	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	TOOTLE, DARRELL		5.2 NAME		
STREET ADDRESS	1519 MILLER AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

4/29/99

(407) 356-5858

Date Daytime Phone #

CR2E037 (1198)