

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 733760

1. Entity Name

FORT LAUDERDALE JAYCEES, INC.



Principal Place of Business

4140 PETERS ROAD
FT. LAUDERDALE FL 33317

Mailing Address

4140 PETERS ROAD
FT. LAUDERDALE FL 33317

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1704377

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOWEN, RON
3240 SW 18 ST.
FT. LAUDERDALE FL 33312

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution

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\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	YOUNG, LUCIA	
STREET ADDRESS	1711 N W 63RD AVENUE	
CITY - ST - ZIP	SUNRISE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BALLINGER, RAQUEL	
STREET ADDRESS	608 S W 75TH TERRACE	
CITY - ST - ZIP	N LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PALMER, KIMBERLY	
STREET ADDRESS	3924 S W 14TH STREET	
CITY - ST - ZIP	FT LAUDERDALE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BOWEN, RON	
STREET ADDRESS	3240 SW 18 ST	
CITY - ST - ZIP	FORT LAUDERDALE FL 33312	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHALLEY, BRIAN	
STREET ADDRESS	3360 S W 23RD ST	
CITY - ST - ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PULFER, JEFF	
STREET ADDRESS	16370 N W 8TH DRIVE	
CITY - ST - ZIP	PEMBROKE PINES FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UN0000237391
STREET ADDRESS	02/21/05-80052-024 61.25
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-8-05

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