

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733760

FILED
May 27, 2009
Secretary of State

Entity Name: FORT LAUDERDALE JAYCEES, INC.

Current Principal Place of Business:

4140 PETERS ROAD
FT. LAUDERDALE, FL 33317

New Principal Place of Business:

Current Mailing Address:

4140 PETERS ROAD
FT. LAUDERDALE, FL 33317

New Mailing Address:

FEI Number: 59-1704377 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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: P () Delete
Name: YOUNG, LUCIA
Address: 1711 N W 63RD AVENUE
City-St-Zip: SUNRISE, FL

Title: VP () Delete
Name: BALLINGER, RAQUEL
Address: 608 S W 75TH TERRACE
City-St-Zip: N LAUDERDALE, FL

Title: D () Delete
Name: PALMER, KIMBERLY
Address: 3924 S W 14TH STREET
City-St-Zip: FT LAUDERDALE, FL

Title: T () Delete
Name: BOWEN, RON
Address: 3240 SW 18 ST
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: D () Delete
Name: WHALLEY, BRIAN
Address: 3360 S W 23RD ST
City-St-Zip: FT LAUDERDALE, FL

Title: D () Delete
Name: PULFER, JEFF
Address: 16370 N W 8TH DRIVE
City-St-Zip: PEMBROKE PINES, FL

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:

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: RON BOWEN

OFFI

05/27/2009

Electronic Signature of Signing Officer or Director

Date