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Jan 29, 1999 8:00am

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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

ANN	NNUAL REPORT Secreta 1999 DIVISION OF			TIONS	Secretary of State				
DOCUMENT # 737221					01-29-19	99 90052 029 **** <i>6</i>	51.25		
LAKE CITY JAYCEES, INC.									
						•		,	
Principal Place of Business Mailing Address									
400 LOMOND 400 LOMOND P.O BOX 934 P.O BOX 934									
LAKE CITY FL 32056 LAKE CITY FL 32056				1 ABOUR HOUR AND REAL AND REAL AND DIGHT BERKE BERKE BARK DIGHT BERKE DIGHT BERKE DIGHT BERKE DIGHT BERKE DIGHT					
US	•	U\$					•		
2. Principal	Place of Business	2a. Mailing Address			3. Date Incorporated	or Qualifed			
21	1 26				11/04/1976				
	 1		, Apt. #, etc.		4. FEI Number	סנד	⊢	plied For	
22 City & Str	City & State 27 City & State				NOT APPLICA	<u> SLE</u>		t Applicable	
23		28			5. Certifcate of Status	Desired	\$8.75 A		
Zip	Country	Zip	Count	у	6. Election Campaign	Financing	\$5.00	May Be	
24	25 25 25 25 25 25 25 25 25 25 25 25 25 2		30		Trust Fund Contribu	ution	Added t	o Fees	
	9. Name and Address of Curre		8	1 Name	10. Name and Addres	s of New Registere	a Agent		
EDEE: CINA. A CONTRACTOR OF THE CONTRACTOR OF TH				2 644 4 4 4	and (D.O. Barry brown barrier b	I+4 A4-41->			
FREE; GINA CORES NO. RT 17 BOX 968				82 Street Address (P.O. Box Number is Not Acceptable)					
	TY FL 32055		8:	3				,	
			8	4 City			85 Zip C	Code	
11. Pursuan	t to the provisions of Sections 617.05	02 and 617 1508 Florida Statute	e the abo	ve-named com	oration submits this statem	ent for the number	of changing its	rogistored	
office or	t to the provisions of Sections 617.05 registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was au	thorized by	y the corporation	on's board of directors. I he	reby accept the app	ointment as re	gistered	
SIGNATURE		stions of resction of recood, rion	ida Statute	3.	fat ball	TO A SECURE SEE SEE SEEN	1 % + 51 % + 1 9 G G G	e e e e e e e e e	
	Signature, typed or printed name of registered age			ent signature required		DATE			
12.	OFFICERS AI	ND DIRECTORS	13.		ADDITIONS/CHANG	ES TO OFFICERS A	AND DIRECTO	RS IN 12	
NAME	CANDLER, CHRIS	·	1.2 NAME	ſ	, IAV, 979	•	Change,		
STREET ADDRESS	mm 1.0 mm 1.1			ET ADDRESS	Maria Maria A	46			
CITY-ST-ZIP	LAKE CITY FL 32055		1.4 CITY-	ST-ZIP				•	
TITLE	VD	☐ DELETE	2.1 TITLE				Change	Addition	
NAME	WALSH, JAMES		2.2 NAME						
STREET ADDRESS	RT 12 BOX 193-A LAKE CITY FL 32055			TADDRESS					
TITLE	VD	☐ DELETE	2.4 CFTY- 3.1 TITLE	ST-ZIP		<u> </u>	☐ Change	Addition	
NAME	GAMBEL, STEVE		3.2 NAME		•				
1.2 % St. V	RT-12 BOX 356		3.3 STREE	TADDRESS					
CITY-ST-ZIP	LAKE CITY FL 32055		3.4. CITY-	ST-ZIP	= .	,			
TILE	V	☐ DELETE	4.1 TITLE	`			Change	Addition	
NAME RAFLOTEDIO	STEPHENS, ANGUS	400 41 -	4. 2 NAME			្ត ភូមិស្រីស្រីស្រីស្រីស្រីស្រីស្រីស្រីស្រីស្រី	1 De State	1 may 15	
STREET ADDRESS		Assert Commencer		ET ADDRESS	ing Agreement		经根据技		
TITLE	T	☐ DELETE	4.4 CITY-1	01-ZIP		्र प्राप्त कर की के श्री हैं।	Change	Addition	
NAME	CANDLER, JENNIFER		5.2 NAME		\		_ ,		
STREET ADDRESS	1 '		5.3 STREE	ET ADDRESS	•	•			
CITY-ST-ZIP	LAKE CITY FL 32055		5.4 CITY-5	ST-ZIP	* ** ***	r			
TITLE	Witten umba Bi ta 30% m	☐ DELETE	6.1 TITLE 6.2 NAME			5 6	☐ Change	Addition	
NAME	The State of the Control of the Cont		a n / NAME						

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.

6.3 STREET ADDRESS

6.4 CiTY-ST-ZiP

SIGNATURE:

STREET ADDRESS