FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 741327 (1)

1. Corporation Name
FLORIDA JAYCEE MEMORIAL FOUNDATION, INC.

Principal Place of Business	Mailing Address
2000 N.GILMORE AVE. P.O.BOX 90-125 LAKELAND FL 33804-7125	MAXSON, DANIEL E 2000 N. GILMORE AVE LAKELAND FL 33805 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/11/1978
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1862407 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

MAXSON, DANIEL E
2000 N GILMORE AVE
LAKELAND FL 33805

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D	☒ Change ☐ Addition
NAME	GABRIELSON, SCOTT	1.2 NAME	ERIC SEIDEL	
STREET ADDRESS	3827 GATEWOOD DRIVE	1.3 STREET ADDRESS	3550 WASHINGTON ST. #708 B	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	D	2.1 TITLE	D	☒ Change ☐ Addition
NAME	WAELTI, RICK	2.2 NAME	JOAN ~~HAZELETT~~ HAZELETT	
STREET ADDRESS	7290 WAELTI DR.	2.3 STREET ADDRESS	1718 PRIMROSE AVE	
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33414	
TITLE	D	3.1 TITLE	D	☒ Change ☐ Addition
NAME	WALTER, RUDY	3.2 NAME	SHARON JOHNSON	
STREET ADDRESS	241 S.W. 13TH ST.	3.3 STREET ADDRESS	2931 SW 87TH TERR #1924	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	DAVIE, FL. 33328	
TITLE	S	4.1 TITLE		☐ Change ☐ Addition
NAME	MAXSON, DANIEL E	4.2 NAME		
STREET ADDRESS	2000 N GILMORE AVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	PROBYN, MIKE	5.2 NAME		
STREET ADDRESS	P O BOX 60 NA	5.3 STREET ADDRESS		
CITY-ST-ZIP	KEYSTONE HEIGHTS FL	5.4 CITY-ST-ZIP		
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Daniel Maxson 4/28/95 2136885481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014944