


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Sep 22 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **741327** (1)  
1. Corporation Name  
**FLORIDA JAYCEE MEMORIAL FOUNDATION, INC.**



Principal Place of Business <b>2000 N. GILMORE AVE. P.O. BOX 90-125 LAKELAND FL 33804-7125</b>	Mailing Address <b>MAXSON, DANIEL E 2000 N. GILMORE AVE LAKELAND FL 33805 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country		3. Date Incorporated or Qualified <b>01/11/1978</b>		3a. Date of Last Report <b>09/24/1996</b>	
				4. FEI Number <b>59-1862407</b>		Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>MAXSON, DANIEL E 2000 N GILMORE AVE LAKELAND FL 33805</b>				10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code			
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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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SEIDER, ERIC</b>	1.2 NAME	<b>Hal Williams</b>
STREET ADDRESS	<b>3550 WASHINGTON ST 708B</b>	1.3 STREET ADDRESS	<b>8315 62nd St E #2105</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	1.4 CITY-ST-ZIP	<b>Sarasota, FL 34243</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAZELETT, JOAN</b>	2.2 NAME	
STREET ADDRESS	<b>1718 PRIMROSE AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, SHARON</b>	3.2 NAME	
STREET ADDRESS	<b>2931 SW 87TH TERR 1924</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAVE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAXSON, DANIEL E</b>	4.2 NAME	
STREET ADDRESS	<b>2000 N GILMORE AVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKELAND FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALTI, RICK</b>	5.2 NAME	
STREET ADDRESS	<b>7290 WALTI DR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE FL 32940</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>Thomas P. Coyle</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>765 Mandarin St</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Merritt Island, FL 32953</b>

14. I do 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.

SIGNATURE \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_

CR2E037 (4/97)