

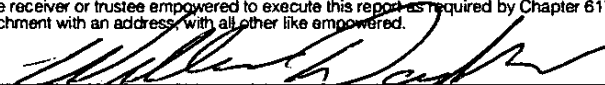


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90214 037 \*\*\*\*61.25

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| <b>DOCUMENT # 741327</b>  |  |  |  |   |  |
| 1. Entity Name<br>FLORIDA JAYCEE MEMORIAL FOUNDATION, INC.  |  |  |  |  |  |
| Principal Place of Business<br>2000 N. GILMORE AVE.<br>LAKELAND, FL 33805   |  | Mailing Address<br>2000 N. GILMORE AVE.<br>LAKELAND, FL 33805                        |  | 14007514   |  |
| 2. Principal Place of Business  |  | 3. Mailing Address   |  | 02062005 Chg-NP CR2E037 (10/03)  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |  | 4. FEI Number<br>59-1862407  |  |
| City & State  |  | City & State   |  | Applied For<br>Not Applicable  |  |
| Zip   | Country  | Zip  | Country  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br>BAGLEY, PAUL<br>1152 HARBOR DR.<br>NORTH FORT MYERS, FL 33917  |  |  |  | 7. Name and Address of New Registered Agent<br>Name <u>William Douglass</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>600 St. Andrews Blvd</u><br>City <u>NAPLES</u> FL <u>34113</u> |  |
| 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 <u>William Douglass</u>   |  |  |  | DATE <u>4-23-05</u>  |  |
| Filing Fee is \$61.25<br>Due by May 1, 2005   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>     |  | \$5.00 May Be Added to Fees  |  |
| 10. OFFICERS AND DIRECTORS  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>DOUGLASS, WILLIAM<br>600 ST. ANDREWS BLVD.<br>NAPLES, FL 34113 <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | V<br>PHILLIPS, MIKE<br>7829 FOX SQUIRREL CIRCLE.<br>LAKELAND, FL 33809 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                       | DIRECTORS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>ROLSTAD, TOM<br>125 DONS COURT<br>LAKELAND, FL 33801 <input type="checkbox"/> Delete                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>DOUGLASS, LISA N<br>600 ST. ANDREWS BLVD.<br>NAPLES, FL 34113 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>RUSSO, RICK<br>4407 YORKSHIRE DR.<br>MELBOURNE, FL 32935 <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                       | VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D <input checked="" type="checkbox"/> Delete<br>BRANDEL, CINDY<br>2525 NE 131ST LANE<br>OKEECHOBEE, FL 34972 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                       | DIRECTORS<br>ROB LYNN<br>5339 HORSESTABLE LANE<br>JACKSONVILLE, FL. 32258 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |  |
| 12. 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 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:   |  |  |  | Date <u>4-23-05</u><br>Daytime Phone #   |  |