

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # 741327**

1. Entity Name  
FLORIDA JAYCEE MEMORIAL FOUNDATION, INC.



Principal Place of Business  
2000 N. GILMORE AVE.  
LAKE LAND, FL 33805

Mailing Address  
2000 N. GILMORE AVE.  
LAKE LAND, FL 33805



01202008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1862407

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

WHITMORE, RONALD  
1008 GREENBRIAR DR  
BRANDON, FL 33511

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME KUNTZ, MARIEA  
STREET ADDRESS 918 S PARK CT  
CITY-ST-ZIP KISSIMMEE, FL 34741

TITLE D  
NAME PHILLIPS, MIKE  
STREET ADDRESS 7829 FOX SQUIRREL CIRCLE.  
CITY-ST-ZIP LAKE LAND, FL 33809

TITLE T  
NAME WHITMORE, RONALD  
STREET ADDRESS 1008 GREENBRIAR DR  
CITY-ST-ZIP BRANDON, FL 33511

TITLE D  
NAME ACKERMAN, CARYN  
STREET ADDRESS 8315 BRANDEIS CIRCLE W  
CITY-ST-ZIP SARASOTA, FL 34243

TITLE D  
NAME ACKERMAN, LARRY  
STREET ADDRESS 8315 BRANDEIS CIRCLE W  
CITY-ST-ZIP SARASOTA, FL 34243

TITLE D  
NAME KING, KIT--  
STREET ADDRESS 25144 SW 2ND AVE  
CITY-ST-ZIP NEWBERRY, FL 32669

000000801582  
02/01/08-80024-007 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Ronald Whitmore* RONALD WHITMORE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/08 813-681-6586

Date

Daytime Phone #