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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 AM 10:15

DOCUMENT # **745237** **(8)**

1. Corporation Name

DELRAY BEACH JAYCEES, INC.

Principal Place of Business	Mailing Address
NORTHWEST 9TH ST & LAKE IDA RD P O BOX 613 DELRAY BEACH FL 33447-0613	P.O. BOX 613 DELRAY BCH FL 33447-0613

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/13/1978
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1922492 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$0.75** 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 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MARTINCAVAGE, ALLEN WM., SR.
1200 S. FED. HWY #201
719 S.W. 27TH TERRACE
BOYNTON BEACH FL 33435

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	COBD	11 TITLE	Sec.	☐ Change ☑ Addition
NAME	~~KAREN COPAS~~	12 NAME	KIMBERLY B COOPER	
STREET ADDRESS	~~2948 SW 22ND CIRCLE 5D~~	13 STREET ADDRESS	412 Southridge Rd.	
CITY-ST-ZIP	~~DELRAY BCH FL 33445~~	14 CITY-ST-ZIP	Delray Bch. FL. 33444	
TITLE	PD	21 TITLE	RACS Dir.	☒ Change ☐ Addition
NAME	LAURA EWING-MOORE	22 NAME	Heyliger	
STREET ADDRESS	3050 NORWOOD PL. #N-109	23 STREET ADDRESS	412 Southridge rd	
CITY-ST-ZIP	BOCA RATON FL 33431	24 CITY-ST-ZIP	Delray Bch FLA 33444	
TITLE	VPD	31 TITLE	TREASURER	☐ Change ☐ Addition
NAME	PATRICK ROSACKER	32 NAME	Chris Reich	
STREET ADDRESS	6250 W. ATLANTIC AVE.	33 STREET ADDRESS	BOX 777	
CITY-ST-ZIP	DELRAY BEACH FL 33484	34 CITY-ST-ZIP	Delray Bch FLA 33447	
TITLE	P	41 TITLE		☐ Change ☐ Addition
NAME	~~DEBIEN, CARL~~	42 NAME		
STREET ADDRESS	~~1320 SW 22 AVE~~	43 STREET ADDRESS		
CITY-ST-ZIP	~~DELRAY BEACH FL~~	44 CITY-ST-ZIP		
TITLE	CDFund Raising	51 TITLE		☐ Change ☐ Addition
NAME	6250 W. Atlantic Ave	52 NAME		
STREET ADDRESS	DELRAY	53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE	Director	61 TITLE		☐ Change ☐ Addition
NAME	Charles Hering	62 NAME		
STREET ADDRESS	915 NE 7th Ave	63 STREET ADDRESS		
CITY-ST-ZIP	Delray Bch, FL 33483	64 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: Chris Reich Chris Reich 6/7/95 407 278-3331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0050343