


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 22 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 745237 (8) 1. Corporation Name DELRAY BEACH JAYCEES, INC.					
Principal Place of Business 901 LAKE SHORE DRIVE P O BOX 613 DELRAY BEACH FL 33447-0613 US			Mailing Address P.O. BOX 613 DELRAY BCH FL 33447-0613		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/13/1978	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1922492	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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				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	
10. Name and Address of New Registered Agent				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
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					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
DATE					
12. OFFICERS AND DIRECTORS					
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	COOPER, KIMBERLY B				
STREET ADDRESS	412 SOUTHRIDGE RD				
CITY-ST-ZIP	DELRAY BEACH FL				
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	GERETSON, MARK				
STREET ADDRESS	415 SOUTHFIELD RD				
CITY-ST-ZIP	DELRAY BEACH FL				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	REICH, CHRIS				
STREET ADDRESS	BOX 777				
CITY-ST-ZIP	DELRAY BEACH FL				
TITLE	D	<input checked="" type="checkbox"/> DELETE			
NAME	<del>HERNIM, CHARLES</del>				
STREET ADDRESS	<del>415 NE 7TH AVE</del>				
CITY-ST-ZIP	<del>DELRAY BEACH FL</del>				
TITLE	CD	<input type="checkbox"/> DELETE			
NAME	RUDDER, JENNIFER				
STREET ADDRESS	1555 S. FEDERAL HWY #107				
CITY-ST-ZIP	DELRAY BEACH FL				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	ROSACKER, TROY				
STREET ADDRESS	310 NW 18TH ST				
CITY-ST-ZIP	DELRAY BEACH FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		IDVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.2 NAME		B.B. WITHALL			
1.3 STREET ADDRESS		3101 ALBATROSS RD #2			
1.4 CITY-ST-ZIP		DELRAY BEACH, FL 33444			
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. 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 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

*Chris Reich* 08/98

CR2E037 (10/97)