FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 745237

DELRAY BEACH JAYCEES, INC.

Principal Place of Business
901 LAKE SHORE DRIVE
P O BOX 613
DELRAY BEACH FL 33447-0613
US

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

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27

P.O. BOX 613

DELRAY BCH FL 33447-0613

FILED Mar 01, 1999 8:00 am § Secretary of State

03-01-1999 90143 037 ****61.25

Applied For

Not Applicable

3. Date Incorporated or Qualifed

12/13/1978

59-1922492

4. FEI Number

ZZ]	•	141						•					
City & Sta	ate	City & State			5. Certificate of	of Status Desi	red 🗂	-	_ \$8.75 A				
Zip	Country		Zip Country			6. Election Ca	mpaign Fina	ncing _		\$5.00	May Be		
24	25	29	30	0			Trust Fund Contribution Added to Fees						
	9. Name and Address of Current	t Regis	stered Agent			······································	10. Name and	Address of	New Regis	tered /	Agent		
				81	Nar	me							
MARTINICAMACE ALLEM MAIA CD							Addison (D.O. Dan Number in Not Accordable)						
MARTINCAVAGE, ALLEN WM., SR. 1200 S. FED. HWY #201				82	82 Street Address (P.O. Box Number is Not Acceptable)								
				83									
719 S.W. 27TH TERRACE													
BOYNTON BEACH FL 33435			84	City	У				FL	85 Zip C	ode		
office or	t to the provisions of Sections 617.0502 registered agent, or both, in the State of am familiar with, and accept the obligated in the state of the s	of Flori ions of	da. Such change was autr , Section 617.0503, Florid	onzed by a Statutes.	ine c	ned corporation's	s board of direc	s statement f tors. I hereby	accept the	ose of e appoir	changing its ntment as reg	registered listered	
12.	OFFICERS AN			13.				CHANGES T	O OFFICE	RS AN	D DIRECTO	RS IN 12	
TITLE	SD		DELETE	1.1 TITLE	-	4no	nler 5 His	· U.P.			☐ Change	Addition	
NAME	COOPER, KIMBERLY B		~	1.2 NAME		// <u>L</u>	JANA O	HARA	-				
				1.3 STREET	ADDE		is sw.			_	٠, ر		
STREET ADDRESS	DELRAY BEACH FL			1.4 CITY-S1				Beach		230	مسيح	-	
CITY-ST-ZIP	PD PD		☐ DELETE	2.1 TITLE	*ZIF	P.A				<u>, uu</u>	Change	Addition	
	1			22 NAME		m	ARK GO 25W 9n Fon	RRETSO	77 .		•		
NAME	GERETSON, MARK				******	500	25W	コッナル	i way	1			
STREET ADDRESS	110 000111111200110			2.3 STREET		200	7 A T A S A	11-11	1571	4	202	₹ . Ì	
CITY-ST-ZIP	DELRAY BEACH FL		☐ DELETE	2. 4 CITY-S	I-ZIP	130	gnion	BON	1111	٠ .	Change	☐ Addition	
TITLE	ΤD			3.1 TITLE		"	•						
NAME	REICH, CHRIS			3.2 NAME									
STREET ADDRESS	900.111			3.3 STREET	ADDR	ESS						,	
CITY-ST-ZIP	DELRAY BEACH FL			3.4. CITY-S	T-ZIP						Change	☐ Addition	
TITLE	DVP		☐ DELETE	4.1 TITLE							Change	L Magazini	
NAME	WITHALL, B B			4. 2 NAME									
STREET ADDRESS	3101 ALBATROSS RD #2			4.3 STREET	ADDRE	ESS							
CITY-ST-ZIP	DELRAY BCH FL 33444			4.4 CITY-ST	- ZIP								
TITLE	CD		DELETE	5.1 TITLE							☐ Change	☐ Addition	
NAME	RUDDER, JENNIFER			5.2 NAME									
STREET ADDRÉS				5.3 STREET	ADDRI	ESS			· .		,		
CITY-ST-ZIP	DELRAY BEACH FL			5.4 CITY-ST	-ZIP					•			
TME	TD		☐ DELETE	6.1 TITLE							Change	☐ Addition	

DELRAY BEACH FL CITY-ST-ZIP 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, with all other like empowered.

6.4 CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS

ROSACKER, TROY

310 NW 18TH ST

2/3/99 56/2433128