

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90019 034 ****61.25

DOCUMENT # 745237

1. Entity Name

DELRAY BEACH JAYCEES, INC.



Principal Place of Business

901 LAKE SHORE DRIVE
DELRAY BEACH FL 33447
US

Mailing Address

P.O. BOX 540939
LAKE WORTH FL 33454-0939

54026617



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1922492

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSACKER, ARTHUR
12440 S STATE RD 7
BOYNTON BEACH FL 33437

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
GERETSON, MARK
415 SOUTHFIELD RD
DELRAY BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
ROSACKER, PATRICK
6570 WAVERLY LANE
LAKE WORTH FL 33467 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
ROSACKER, ARTHUR
6977 FINAMORE CIRCLE
LAKE WORTH FL 33467 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CD
ROSACKER, ARTHUR
6977 FINAMORE CIRCLE
LAKE WORTH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
12440 S State Rd 7
Boynton Beach, FL 33437

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
12440 S. State Rd. 7
Boynton Beach, FL 33437

TITLE
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STREET ADDRESS
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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/01/04 861-499-2655 x.111
Date Daytime Phone #