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

changed, or on an attachment with an address

SIGNATURE:

## Mar 31, 2004 8:00 am **Secretary of State DOCUMENT # 746559** 1. Entity Name 03-31-2004 90039 018 \*\*\*\*61.25 KEYSTONE HEIGHTS JAYCEES CHARITIES, INC. Principal Place of Business Mailing Address 8315 STATE ROAD 100 8315 STATE ROAD 100 HWY 100 E MELROSE FL 32666 HWY 100 E MELROSE FL 32666 Principal Place of Busines: Gatorbone MOORE CR2E037 (11/03) Applied For 4. FEI Number 59-2644933 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 1.5.7 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALLEN, GEORGE F 8315 STATE ROAD 100 Street Address (P.O. Box Number is Not Acceptable) MELROSE FL 32666 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 ered agent and little if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. RA Delete TITLE TITLE ALLEN, GEORGE F. NAME NAME 8315 STATE RD. 100 STREET ADDRESS STREET ADDRESS MELROSE FL CITY-ST-ZIP CITY-ST-ZIP CD TITLE ☐ Delete TITLE RALEIGH, JACK NAME NAME 335 PEACH STREET STREET ADDRESS STREET ADDRESS KEYSTONE HEIGHTS FL. CITY-ST-ZIP CITY-ST-ZIP CD TITLE Delete TITLE Change ☐ Addition HOGGENBOTHAM, MIKE NAME NAME 7471 BIG BEND COURT STREET ADDRESS STREET ADDRESS KEYSTONE HEIGHTS FL CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Addition TITLE ☐ Chance HARDAGE, LEE NAME NAME 6975 GATOR BINE RD STREET ADDRESS STREET ADDRESS **KEYSTONE HEIGHTS PA 32656** CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE MANNING, TOMMY NAME NAME 1343 SE 100 STREET ADDRESS STREET ADDRESS KEYSTONE HEIGHTS FL 32656 CiTY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP 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

FILED