

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746559

FILED
Jul 10, 2005
Secretary of State

Entity Name: KEYSTONE HEIGHTS JAYCEES CHARITIES, INC.

Current Principal Place of Business:

6975 GATORBONE RD.
KEYSTONE HEIGHTS, FL 32656

New Principal Place of Business:

Current Mailing Address:

6975 GATORBONE RD.
KEYSTONE HEIGHTS, FL 32656

New Mailing Address:

FEI Number: 59-2644933 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HARDAGE, LEE G
6975 GATORBONE RD.
KEYSTONE HEIGHTS, FL 32656 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: RA () Delete
Name: HARDAGE, LEE G
Address: 6975 GATORBONE RD.
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: CD () Delete
Name: RALEIGH, JACK
Address: 335 PEACH STREET
City-St-Zip: KEYSTONE HEIGHTS, FL

Title: CD () Delete
Name: HOGGENBOTHAM, MIKE
Address: 7471 BIG BEND COURT
City-St-Zip: KEYSTONE HEIGHTS, FL

Title: PD () Delete
Name: HARDAGE, MARY K
Address: 6975 GATOR BINE RD
City-St-Zip: KEYSTONE HEIGHTS, PA 32656

Title: TD () Delete
Name: MANNING, TOMMY
Address: 1343 SE 100
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CD (X) Change () Addition
Name: MARINKOV, SHELLY
Address: 7088 IMAKOLEE RD
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: CD (X) Change () Addition
Name: HIGGENBOTHAM, MIKE
Address: 7471 BIG BEND COURT
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: PD (X) Change () Addition
Name: HARDAGE, MARY K
Address: 6975 GATOR BONE RD
City-St-Zip: KEYSTONE HEIGHTS, PA 32656

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY K HARDAGE

PD

07/10/2005

Electronic Signature of Signing Officer or Director

Date