

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746559

FILED
Apr 13, 2009
Secretary of State

Entity Name: KEYSTONE HEIGHTS JAYCEES CHARITIES, INC.

Current Principal Place of Business:

1227 SE SR100
KEYSTONE HEIGHTS, FL 32656

New Principal Place of Business:

Current Mailing Address:

PO BOX 824
KEYSTONE HEIGHTS, FL 32656

New Mailing Address:

FEI Number: 59-2644933

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: MARINKOV, SHELLY
Address: 7088 IMAKOLEE RD
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

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

Title: T/S () Delete
Name: WELBORN, REBECCA
Address: 825 SW PECAN ST
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

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

Title: PD () Delete
Name: PREZKUTA, HEATHER
Address: 6910 IMMOKALEE ROAD
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: PD (X) Change () Addition
Name: WILLIS, CLINT
Address: 525 SW NIGHTINGALE ST
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LEE HARDAGE

RA

04/13/2009

Electronic Signature of Signing Officer or Director

Date