

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 25 1997 8:00am
Secretary of State

DOCUMENT # 746979 (4)

1. Corporation Name

MELBOURNE, FLORIDA JAYCEE CHARITIES, INC.

Principal Place of Business

Mailing Address

P. O. BOX 361151
MELBOURNE FL 32936

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MELBOURNE FL 32936

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/30/1979

3a. Date of Last Report

05/01/1996

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUSSO, RICHARD A
158 BONFIRE AVENUE NE
PALM BAY FL 32907

81 Name
RANDALL C. FULLEN
82 Street Address (P.O. Box Number is Not Acceptable)
2901 Palm Bay RD NE
83 Suite 1
84 City
MELBOURNE PALM BAY FL
85 Zip Code
32905

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE *Russell C. Fullem*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

8/10/97
DATE

12. OFFICERS AND DIRECTORS

TITLE	PT	<input checked="" type="checkbox"/> DELETE
NAME	RUSSO, RICHARD A	
STREET ADDRESS	158 BONFIRE AVENUE NE	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	RUSSO, SUZANNE M	
STREET ADDRESS	158 BONFIRE AVENUE NE	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	QATA, GEORGE	
STREET ADDRESS	2325 SUNSET AVE	
CITY-ST-ZIP	INDALANTIC FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	FUSCO, ALIDA	
STREET ADDRESS	4407 THISTLEBERRY DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	TEEGEN, JAMES	
STREET ADDRESS	980 RIDGE LAKE DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RANDALL C. FULLEN	
1.3 STREET ADDRESS	2901 Palm Bay RD NE Suite 1	
1.4 CITY-ST-ZIP	Palm Bay, FL 32905	
2.1 TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARY TEEGEN	
2.3 STREET ADDRESS	43 Marina Isle Blvd	
2.4 CITY-ST-ZIP	Indian Harbor Beach, FL 32937	
3.1 TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RAY DELGIUDICE	
3.3 STREET ADDRESS	2547-A Stephen Dr. NE	
3.4 CITY-ST-ZIP	Palm Bay, FL 32905	
4.1 TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ANDY BOYD	
4.3 STREET ADDRESS	2547-A Stephen Dr. NE	
4.4 CITY-ST-ZIP	Palm Bay, FL 32905	
5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	RICHARD A RUSSO	
5.3 STREET ADDRESS	158 Bonfire Ave. NE	
5.4 CITY-ST-ZIP	Palm Bay, FL 32907	
6.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SUZANNE RUSSO	
6.3 STREET ADDRESS	158 Bonfire Ave NE	
6.4 CITY-ST-ZIP	Palm Bay, FL 32907	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE *Russell C. Fullem* SIGNATURE REQUIRED M Russo Secretary 8/10/97 1107-952-2007

CP2E037 (4/97)