

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 18 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 746979 (4)

1. Corporation Name

MELBOURNE, FLORIDA JAYCEE CHARITIES, INC.

Principal Place of Business

Mailing Address

P. O. BOX 361151
MELBOURNE FL 32906

P. O. BOX 361151
MELBOURNE FL 32906



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/30/1979

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

FULLEM, RANDALL C
2901 PALM BAY RD NE
SUITE 1
PALM BAY FL 32905

81 Name BOYD ANDREW

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

2597-B STEPHEN DR NE

83

84 City 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

Clifford A. Boyd

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE PT
NAME FULLEM, RANDALL C
STREET ADDRESS 2901 PALM BAY RD NE SUITE 1
CITY-ST-ZIP PALM BAY FL

☐ DELETE

TITLE VT
NAME TEEGEN, MARY
STREET ADDRESS 43 MARINA ISLE BLVD
CITY-ST-ZIP INDIAN HARBOR BEACH FL

☐ DELETE

TITLE VT
NAME DELGLUDICE, RAY
STREET ADDRESS 2597-A STEPHEN DR NE
CITY-ST-ZIP PALM BAY FL

☐ DELETE

TITLE VT
NAME BOYD, ANDY
STREET ADDRESS 2597-B STEPHEN DR NE
CITY-ST-ZIP PALM BAY FL

☐ DELETE

TITLE T
NAME RUSSO, RICHARD A
STREET ADDRESS 158 BONFIRE AVE NE
CITY-ST-ZIP PALM BAY FL

☐ DELETE

TITLE ST
NAME RUSSO, SUZANNE
STREET ADDRESS 158 BONFIRE AVE NE
CITY-ST-ZIP PALM BAY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE PT
1.2 NAME BOYD, ANDREW
1.3 STREET ADDRESS 2597-B STEPHEN DR NE
1.4 CITY-ST-ZIP PALM BAY FL 32905

☒ Change ☐ Addition

2.1 TITLE VT
2.2 NAME FULLEM, RANDALL C
2.3 STREET ADDRESS 2901 PALM BAY RD, NE SUITE 1
2.4 CITY-ST-ZIP PALM BAY FL 32905

☒ Change ☐ Addition

3.1 TITLE VT
3.2 NAME DELGLUDICE, RAY
3.3 STREET ADDRESS 2597-A STEPHEN DR NE
3.4 CITY-ST-ZIP PALM BAY FL 32905

☐ Change ☒ Addition

4.1 TITLE T
4.2 NAME FOREST SANDS
4.3 STREET ADDRESS 949 BENTON AVE
4.4 CITY-ST-ZIP MELBOURNE FL 32901

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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

Clifford A. Boyd

CLIFFORD A. BOYD

407-731-8978

CR2E037 (10/97)