Applied For

\$8.75 Additional

Not Applicable

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # 746979 \

1. Corporation Name

MELBOURNE, FLORIDA JAYCEE CHARITIES, INC.

Principal Place of Busines
P. O. BOX 361151
MELBOURNE FL 32936

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

- SIGNATURE

21

22

Mailing Address

P. O. BOX 361151 MELBOURNE FL 32936

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

## FILED Jul 14, 1999 8:00 am Secretary of State

07-14-1999 90018 005 \*\*\*122.50



3. Date Incorporated or Qualifed

NOT APPLICABLE

04/30/1979

4. FEI Number

23	28						Ocitioate of State	15 D631100	_	Fee Red	quired
Zíp				Country	ï	6.	Election Campaig	n Financing	, ,	\$5.00	May Be
24	25	29	¬ '			Trust Fund Contribution Added to Feet					Fees
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
ANDREW, BOYD					Name Street	Sugar	ne M. Ru O. Box Number is	LSSO Not Accep	otable)	<u> </u>	
2597 B STEPHEN DRIVE NORTHEAST				4418 Sherwood Blvd.							
PALM BAY FL 32905				83							
1 ALM DATTE OFFICE				84 City 85 Zip Code							
					Melbourne   FL   32935						
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 application with, and accept the obligations of, Section 617.0503, Florida Statutes.											
SIGNATURE Standard Open for printed name of registered agent and title if applicable. (NOTE: Regist						required when	reinstating)		/6/99 DATE		
12.	Standard Typed or printed name of registered agent as OFFICERS AND			13.			ADDITIONS/CHAN	IGES TO O	FFICERS AN		RS IN 12
TITLE	PT		☐ DELETE	1.1 TITLE		PT				X Change	Addition
NAME	BOYD. ANDREW			1.2 NAME			asso, Suz	anne			.
STREET ADDRESS	2597 B STEPHEN DRIVE N E			13 STREE	TADORESS	1	118 Sherw		21 vd		
i	PALM BAY FL 32905			1.4 CITY- S			lbourne,				]
TITLE	VT		☐ DELETE	2.1 TITLE	71 231	VT	- roourtie,			Change	Addition
NAME	FULLEM, RANDALL C			2.2 NAME		1	l, Andrew	-		Λ	-
STREET ADDRESS	2901 PALM BAY RD N E, STE I		~	2.3 STREE	TADDRESS		7 Stephen		NE		
CITY-ST-ZIP	PALM BAY FL 32905			2.4 CITY+	ST-ZIP		, stephen <del>1 Bay, FI</del>				
TITLE	VT		☐ DELETE	3.1 TITLE		Total H	<del> </del>	<del>, 323</del>	<del>, ( )</del>	Change	☐ Addition
NAME	DELGLUDICE, RAY			3.2 NAME		1 -		D		21	
STREET ADDRESS	2597-A STEPHEN DR NE			3.3 STREE	TADORESS		Siudice,		- NITS		}
CITY-ST-ZIP	PALM BAY FL 32905			3.4. CITY-	ST-ZIP		7-A Steph				
TITLE	T		₩ DELETE	4.1 TITLE		I _	<del>ı Bay, F</del> L	, 325	135	Change	☐ Addition
NAME	FOREST, SANDI			4. 2 NAME		D	D- 3	-11 6	,		
STREET ADDRESS	949 BININI AVENUE			4.3 STREE	TADDRESS		em, Rand				
CITY-ST-ZIP	MELBOURNE FL 32901			4.4 CITY-	ST-ZIP	1	E. Straw			•	
TITLE	T		☐ DELETE	5.1 TITLE		Mei	ourne, F	L 32	2935	Change	☐ Addition
NAME	RUSSO, RICHARD A			5.2 NAME		D D	7.		_		
STREET ADDRESS	158 BONFIRE AVE NE			5.3 STREE	T ADDRESS		sso, Ric				
CITY-ST-ZIP	PALM BAY FL			5.4 CITY-3	ST-ZIP	1	18 Sherwo				
TITLE	ST		☐ DELETE	6.1 TITLE	· ·	Me	lbourne,	FL	32935	☐ Change	Addition
NAME	RUSSO, SUZANNE			6.2 NAME							
STREET ADDRESS	158 BONFIRE AVE NE			6.3 STREE	T ADDRESS	s					
CITY-ST-ZIP	PALM BAY FL			6.4 CITY-							
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											

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 informatic 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, with all other like empowered.

CNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2-M.---Kuss

President Daytime

lytime Phone # 2000