2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State
01-23-2004 90027 011 ****70.00

DOCUMENT # 746979

1. Entity Name
MELBOURNE, FLORIDA JAYCEE CHARITIES, INC.

54000340

Principal Place of Business	Mailing Address
P. O. BOX 361151 MELBOURNE, FL 32936	P. O. BOX 361151 MELBOURNE, FL 32936

01202004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RUSSO, SUZANNE M 4407 YORKSHIRE DR MELBOURNE, FL 32935	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Suzanne M Russo, Registered Agent 1/20/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SHEARER, DARLEEN 2401 POST RD MELBOURNE, FL 32935	☒ Delete	PD Shearer, Thomas 2401 Post Rd Melbourne, fl 32935	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FULLEM, RANDALL C 550 E STRAWBRIDGE AVE MELBOURNE, FL 32935	☐ Delete	*SAME*	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MARTIN, DEBRA 2489 LINEBERRY LANE MALABAR, FL 32950	☒ Delete	VD Michael Holland PO Box 360329 Melbourne, FL 32935	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RUSSO, RICHARD A 4407 YORKSHIRE DR MELBOURNE, FL 32935	☐ Delete	DT *SAME*	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS RUSSO, SUZANNE 4407 YORKSHIRE DR MELBOURNE, FL 32935	☐ Delete	*SAME*	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DURAN, APRIL 2401 POST RD MELBOURNE, FL 32935	☒ Delete	V Shearer, Darleen 2401 Post Rd Melbourne, FL 32935	☒ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Suzanne M Russo 1/20/04 321-456-7330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #