

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 746979

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



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

Mailing Address
**P. O. BOX 361151
MELBOURNE, FL 32936**



01052005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RUSSO, SUZANNE M
4407 YORKSHIRE DR
MELBOURNE, FL 32935**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1000000182044
01/19/05-80012-014 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHEARER, THOMAS 2401 POST RD MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FULLEM, RANDALL C 550 E STRAWBRIDGE AVE MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOLLAND, MICHAEL PO BOX 360329 MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RUSSO, RICHARD A 4407 YORKSHIRE DR MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS RUSSO, SUZANNE 4407 YORKSHIRE DR MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHEARER, DARLEEN 2401 POST RD MELBOURNE, FL 32935

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Richard A. Russo **Richard A. Russo** **Treasurer** **1/11/05** **321-403 6344**