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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name 749280

(4)

MELBOURNE, FLORIDA, JAYCEES, INC.												
Pri	ncipal Place	of Business		Maili	Mailing Address				- E JOHANI ANDIA BIDIE IDING NAMBI ANIMI	/BII 01011 010	/II 4:8 1 8:8 11	\$1814 B1811 1981
P.O. BOX 361151 MELBOURNE FL 32936-1151					P.O. BOX 361151 MELBOURNE FL 32936-1151							
									3. Date Incorporated or Qualified 10/11/1979		ate of Last F 05/01/1 9	
2. Principal Place of Business					2a. Mailing Address			4. FEI Number NOT APPLICABLE		<u> </u>	Applied For Not Applicable	
	Suite, Apt. #, etc.				Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional Required	
23	City & State	1		28	City & State				Election Campaign Financing Trust Fund Contribution			May Be
$\vec{}$	Zip		Country		Zip		untry		8. This corporation has liability for in		x under s.	•
24		25		29	and decemb	30	_			Yes 🗆		
		9. Name är	d Address of Curre	nt Hegiste	red Agent		81	Name /	10. Name and Address of New Re	gistered	Agent	
							"	Name Ku	1550 Richard	A		
DELGIUDICE, RAYMOND							82		ess (P.O. Box Number is Not Acceptable	مرار رار		
		STEPHEN DR	. N.E.				83	158	BONFIRE AVE N	<u> </u>	········	
	PALM BA	AY FL 32905										
		-					84	City Ir	Bex	FL		Code 2 <i>907</i>
. 11	. Pursuant t	o the provisions	s of Sections 617.050	2 and 617.	1508, Florida Statul	es, the abo	ove-na		tion submits this statement for the purp			
•	or register	ed agent, or bo	th, in the State of Flor the obligations of, Sec	ida. Such d	change was authoriz	zed by the	corpor	ation's board	d of directors. I hereby accept the appo	intment as	registered	agent. I am
٠		and doop!	ine biganons or, sec		7	hazd	1 1	Rece	a Paux	4/2	27/9	6
ĮSK	GNATURE .	Signature, typed or p	rinted name of registered ager	I and tile if any	plicacie (Nr	OTE Registere	ed Agent s	ignature required	when renstahing)	DATE		
12			OFFICERS AN	ND DIRECT		13.			ADDITIONS/CHANGES TO OFFIC	OFRS AND	DIRECTO	RS IN 12
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTION AND AREA PROPERTY DOWN PROPERTY PROPERTY

CR2E037 (12/95)