## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State

FILED	
Jun 18 1998 8:0	0am
Secretary of St	tate

	1998	DIVISION OF CO	DRPORATIONS	Secretary of State
,	MENT # 74928	- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
MELBO	Durne, Florida, Jaycees	S, INC.		1 (CA)(A) CONTROL OLDER TRUE (ALIA CALLA C
Dispinal Disp	o of D. vinces	S.A. Ware Andrews		
Principal Plac		Mailing Address		
P.O. BOX 361151 P.O. BOX 361151 MELBOURNE FL 32936-1151 MELBOURNE FL 32936-1151			3. Date Incorporated or Qualified	
	= 46400 1101	MICEDOGINAL I'E DEGGG I'GI		10/11/1979 4. FEI Number Applied For
}				NOT APPLICABLE Not Applicable
· ·	Place of Business	2a. Mailing Address		5. Certificate of Status Desired \$8.75 Additional
Suite, Apt.	# atc	Suite, Apt. #, etc.		Fee Required
22	w, <b>p</b> (c).	27 Suite, Apr. #, etc.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & Stat	е	City & State		7. Is this nonprofit corporation a homeowners association?
23	Country	28 Zip	Country	Yes No
24	25		IO COUNTY	B. This corporation owes or has paid the current year Intangible     Personal Property Tax due June 30.  Yes  No
<u> </u>	9. Name and Address of Curren			10. Name and Address of New Registered Agent
			81 Name	BOYD, ANDREW
	, RANDALL C		82 Street	Address (P.Q. Box Number is Not Acceptable)
2901 PA SUITE 1	ILM BAY RD NE		83 25	97-B STEPHEN DR NE
	AY FL 32905		\ <u>-</u>	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	THE SECOND		84 City	ALM BAY FL BS 3290.5
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. La	im lamilia with, and accept the oblig	ations of Section 617.0503, Flori	da Statutes.	parametric council of an october price appointment as regional
SIGNATURE .	dignature of punted harne of registered age	w and little if applicable (NOTE	Registered Agent signature	required when reinstating) DATE
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PT Programme Commence	☐ DELETE	1.3 TITLE	P/T Addition
NAME	FULLEM, RANDALL C	F 4	1.2 NAME	SOTU, ANDREW
STREET ADDRESS CITY-ST-ZIP	2901 PALM BAY RD NE SUIT   PALM BAY FL	E 1	1.3 STREET ADDRESS 1.4 City-St-Zip	BOYD, ANDREW 2597-B STEPHEN OR NE PALM BAY FL 32905
TITLE	VI	DELETE	2.1 TITLE	Change Addition
NAME	TEEGEN, MARY		2.2 NAME	
STREET ADDRESS	43 MARINA ISLE BLVD		2.3 STREET ADDRESS	FULLEM, RANDALL C 2901 PALMBAY RD NE, SUITE I
CITY-ST-ZIP	INDIAN HARBOR BEACH FL			PALM BAY FL 34905
TITLE	VT	DELETE	3.1 TITLE	Change Addition
,	DELGIUDICE, RAY 2597-A STEPHEN DR NE		3.2 NAME	DEL GEUDECE, RAY 2547-A STEPHEN OR NE
STREET ADORESS CITY-ST-ZIP	PALM BAY FL		3.3 STREET ADDRESS ( 3.4. CITY~ST~ZIP	2377-A STEPHEN UK NE
TITLE	VT	DELETE	4.1 TITLE	FOREST, SANDE TRES Change Addition
NAME J	BOYD, ANDY		4. 2 NAME	
STREET ADDRESS	2597-B STEPHEN DR NE		4.3 STREET ADDRESS	949 BIMINI AVE
CITY-ST-ZIP	PALM BAY FL		4.4 CITY-ST-ZIP	MELBOURNE FL 32901
TITLE	T DUADA DIALITA	DELETE	5.1 TITLE	Change Addition
NAME	RUSSO, RICHARD A		5.2 NAME	
STREET ADDRESS	158 BONFIRE AVE NE		5.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	PALM BAY FL	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	☐ Change ☐ Addition
NAME	RUSSO, SUZANNE	Park Access	6.2 NAME	3-3-8-
STREET ADDRESS	158 BONFIRE AVE NE		6.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BAY FL		6.4 CITY - S1 - ZIP	

Thereby 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 trusted 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.

CLIFFO D. Boy)

407-726-8978

SIGNATURE:

407-726-8978