

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

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

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

**DOCUMENT # 749280**

1. Corporation Name

**MELBOURNE, FLORIDA, JAYCEES, INC.**

Principal Place of Business

P.O. BOX 361151  
MELBOURNE FL 32936-1151

Mailing Address

P.O. BOX 361151  
MELBOURNE FL 32936-1151



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**10/11/1979**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 Zip Country

28 Zip Country

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

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOYD, ANDREW**  
**2597-B STEPHEN DRIVE NE**  
**PALM BAY FL 32905**

81 Name  
**Russo, Suzanne M.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**4418 Sherwood Blvd.**  
83  
84 City  
**Melbourne** **FL** 85 Zip Code  
**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 am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Suzanne M. Russo* **Suzanne M. Russo, President** **7/6/99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PT	<input type="checkbox"/> DELETE
NAME	BOYD, ANDREW	
STREET ADDRESS	2597-B STEPHEN DR NE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	FULLEM, RANDALL C	
STREET ADDRESS	2901 PALM BAY RD NE, STE 1	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	DELGIUDICE, RAY	
STREET ADDRESS	2597-A STEPHEN DR NE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	FOREST, SANDI	
STREET ADDRESS	949 BIMINI AVENUE	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	T	<input type="checkbox"/> DELETE
NAME	RUSSO, RICHARD A	
STREET ADDRESS	158 BONFIRE AVE NE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	RUSSO, SUZANNE	
STREET ADDRESS	158 BONFIRE AVE NE	
CITY-ST-ZIP	PALM BAY FL	

1.1 TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Russo, Suzanne M.	
1.3 STREET ADDRESS	4418 Sherwood Blvd.	
1.4 CITY-ST-ZIP	Melbourne, FL 32935	
2.1 TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Boyd, Andrew	
2.3 STREET ADDRESS	2597-B Stephen Dr. NE	
2.4 CITY-ST-ZIP	Palm Bay, FL 32905	
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DelGiudice, Ray	
3.3 STREET ADDRESS	2597-A Stephen Dr. NE	
3.4 CITY-ST-ZIP	Palm Bay, FL 32905	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Fullem, Randall C.	
4.3 STREET ADDRESS	550 E. Strawbridge Ave.	
4.4 CITY-ST-ZIP	Melbourne, FL 32905	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Russo, Richard A.	
5.3 STREET ADDRESS	4418 Sherwood Blvd.	
5.4 CITY-ST-ZIP	Melbourne, FL 32935	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 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.

SIGNATURE: *Suzanne M. Russo* **Suzanne M. Russo, President** **7/6/99** **(407) 953-**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 2000

0002073

CR2E037 (5/99)