


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 749280 1. Entity 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
--	--



01052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For 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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2005**

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

1100000182040
01/19/05-80012-013 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 32905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOLLAND, MICHEAL PO BOX 360329 MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSO, RICHARD A 4407 YORKSHIRE DR MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS RUSSO, SUZANNE 4407 YORKSHIRE DR MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHEARER, DARLEEN 2401 POST RD MELBOURNE, FL 32935

**DO NOT WRITE
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)(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: Richard A. Russo Treasurer 1/11/05 321-255-7426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #