

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 750545 (6)

1. Corporation Name

GAINESVILLE JAYCEES INC.



Principal Place of Business

Mailing Address

P.O. BOX 1617
GAINESVILLE FL 32602-1617

P.O. BOX 1617
GAINESVILLE FL 32602-1617

3. Date Incorporated or Qualified **01/09/1980** 3a. Date of Last Report **10/26/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number 59-2140511	Applied For	
	Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable	
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WALKER, S. SCOTT, ESQ.
527 E. UNIVERSITY AVE.
GAINESVILLE FL 32601**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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

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	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHBROOK, RICHARD	1.2 NAME	Geoff Allen
STREET ADDRESS	11 W. UNIVERSITY AVE.	1.3 STREET ADDRESS	2720-D NW 104TH CT
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTTO, E. JAY	2.2 NAME	
STREET ADDRESS	620 NW 16TH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARICK, MICHAEL	3.2 NAME	David Maxley
STREET ADDRESS	620 NW 16TH AVE.	3.3 STREET ADDRESS	1924 NW 102nd Way
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	Gainesville, FL 32606
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, DAVID	4.2 NAME	
STREET ADDRESS	5227 NW 23RD PL	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	
TITLE	DD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISLAM, JOEL	5.2 NAME	Susan Skelton
STREET ADDRESS	317 NE 35TH AVE.	5.3 STREET ADDRESS	5313 NW 33rd PL
CITY-ST-ZIP	GAINESVILLE FL	5.4 CITY-ST-ZIP	Gainesville, FL 32606
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAIL, JARRED	6.2 NAME	Bryan Walker
STREET ADDRESS	620 NW 16TH AVE.	6.3 STREET ADDRESS	546 NW 39th Dr
CITY-ST-ZIP	GAINESVILLE FL	6.4 CITY-ST-ZIP	Gainesville, FL 32607

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:

E. Jay Hutto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-13-96
Date

904-378-1331
Daytime Phone #

CPRE037 (12/95)