

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2140511

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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
NAME	ASHBROOK, RICHARD	
STREET ADDRESS	11 W. UNIVERSITY AVE.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HUTTO, E. JAY	
STREET ADDRESS	620 NW 16TH AVE.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ARICK, MICHAEL	
STREET ADDRESS	620 NW 16TH AVE.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	THOMAS, DAVID	
STREET ADDRESS	5227 NW 23RD PL	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	DD	<input checked="" type="checkbox"/> DELETE
NAME	ISLAM, JOEL	
STREET ADDRESS	317 NE 35TH AVE.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CAIL, JARRED	
STREET ADDRESS	620 NW 16TH AVE.	
CITY-ST-ZIP	GAINESVILLE FL	

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Geoff Allen	
1.3 STREET ADDRESS	2720-D NW 104TH CT	
1.4 CITY-ST-ZIP	GAINESVILLE, FL 32606	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	David Maxley	
3.3 STREET ADDRESS	1924 NW 102nd Way	
3.4 CITY-ST-ZIP	Gainesville, FL 32606	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Susan Skelton	
5.3 STREET ADDRESS	5313 NW 33rd PL	
5.4 CITY-ST-ZIP	Gainesville, FL 32606	
6.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Bryan Walker	
6.3 STREET ADDRESS	546 NW 39th Dr	
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

904-378-1331

Date

Daytime Phone #

CR2E037 (12/95)