

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90251 024 \*\*\*\*70.00

**60002877**



01122006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # 750545</b> 1. Entity Name <b>GAINESVILLE, JAYCEES INC.</b>					
Principal Place of Business <b>P.O. BOX 1617 GAINESVILLE, FL 32602-1617</b>			Mailing Address <b>P.O. BOX 1617 GAINESVILLE, FL 32602-1617</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2140511</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>C. Name and Address of Current Registered Agent</b>  <b>WALKER, S. SCOTT, ESQ. 527 E. UNIVERSITY AVE. GAINESVILLE, FL 32601</b>			<b>7. Name and Address of New Registered Agent</b>		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSS, W J		NAME	Matthew Lonesk	
STREET ADDRESS	4646 SW 84TH DRIVE		STREET ADDRESS	4437 NW 35th ST	
CITY-ST-ZIP	GAINESVILLE, FL 32608		CITY-ST-ZIP	Gainesville, FL 32605	
TITLE	P	<input type="checkbox"/> Delete	TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALASSO, DAN		NAME		
STREET ADDRESS	31 SW 84TH STREET		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32607		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARIS, PATRICK		NAME	Kathi Oxendine	
STREET ADDRESS	5912 NORTHWEST 27TH STREET		STREET ADDRESS	3643 SW 20th Ave H202	
CITY-ST-ZIP	GAINESVILLE, FL 32653		CITY-ST-ZIP	Gainesville, FL 32607	
TITLE		<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	James Andrisin	
STREET ADDRESS			STREET ADDRESS	909 SW 126th ST	
CITY-ST-ZIP			CITY-ST-ZIP	Newberry, FL 32669	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <i>Kathi Oxendine</i> <b>Kathi Oxendine</b> <i>Treasurer</i>		Date: <b>1-12-06</b>		Daytime Phone #: <b>(352)335-0999</b>	