

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750545

FILED
Apr 28, 2009
Secretary of State

Entity Name: GAINESVILLE, JAYCEES INC.

Current Principal Place of Business:

2631 NW 41ST STREET
B
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1617
GAINESVILLE, FL 326021617

New Mailing Address:

FEI Number: 59-2140511

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GALASSO, DAN
Address: 31 SW 84TH STREET
City-St-Zip: GAINESVILLE, FL 32607

Title: T () Delete
Name: COLEMAN, CHRISTOPHER
Address: 10312 NW 13TH LANE
City-St-Zip: GAINESVILLE, FL 32606

Title: C () Delete
Name: ANDRISIN, JAMES
Address: 909 SW 126TH ST
City-St-Zip: NEWBERRY, FL 32669

Title: B () Delete
Name: BANIS, PATRICK
Address: 501 NW 15TH AVE APT 4
City-St-Zip: GAINESVILLE, FL 32601

Title: T () Delete
Name: DOUGHERTY, JONATHAN
Address: 4001 NW 31ST TERRACE
City-St-Zip: GAINESVILLE, FL 32605

Title: P () Delete
Name: RICK, STAAB
Address: 6319 SW 37TH WAY
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LONG, CHRISTIAN

T

04/28/2009

Electronic Signature of Signing Officer or Director

Date