

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8:00: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$35)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 16 AM 10:30

DOCUMENT # 751276 (7)

1. Corporation Name
THE WINTER HAVEN JAYCEES, INC.

Principal Place of Business Mailing Address
1599 6TH ST S E 1599 6TH ST S E
PO BOX 451 PO BOX 451
WINTER HAVEN FL 33882 WINTER HAVEN FL 33882

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/27/1980** 3a. Date of Last Report **04/20/1994**
4. FEI Number **26-6867740** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
MATTOX, RAY
170 EAST CENTRAL AVENUE
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS	
TITLE	TM
NAME	ALDAL, JAMES
STREET ADDRESS	5973 FOXHOLLOW DR.
CITY - ST - ZIP	WINTER HAVEN FL
TITLE	TD
NAME	GUNN, WES
STREET ADDRESS	734 AVE. Q. SE
CITY - ST - ZIP	WINTER HAVEN, FL 00000
TITLE	T
NAME	DEL POZZO, KATHY
STREET ADDRESS	131 TREMONT DR.
CITY - ST - ZIP	WINTER HAVEN, FL 00000
TITLE	TV
NAME	LOZELL, NANCY
STREET ADDRESS	200 AVE. K. S.E. #284
CITY - ST - ZIP	WINTER HAVEN FL
TITLE	TD
NAME	BURR, BILL
STREET ADDRESS	595 6TH ST. W.
CITY - ST - ZIP	WINTER HAVEN FL
TITLE	SD
NAME	DABELKO, CLAIRE
STREET ADDRESS	98 E. RIDGE DR.
CITY - ST - ZIP	HAINES CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	ALDAL, JAMES
13 STREET ADDRESS	5973 FOXHOLLOW DR
14 CITY - ST - ZIP	WINTER HAVEN, FL
21 TITLE	DM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	DABELKO, CLAIRE
23 STREET ADDRESS	98 E. RIDGE DR
24 CITY - ST - ZIP	HAINES CITY, FL
31 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	BURR, BILL
33 STREET ADDRESS	595 6TH ST, NW
34 CITY - ST - ZIP	WINTER HAVEN, FL
41 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	GUNN, WES
43 STREET ADDRESS	734 AVE Q. SE
44 CITY - ST - ZIP	WINTER HAVEN, FL
51 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	DEL POZZO, KATHY
53 STREET ADDRESS	131 TREMONT DR
54 CITY - ST - ZIP	WINTER HAVEN, FL
61 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	ALDAL, BARBARA
63 STREET ADDRESS	5973 FOXHOLLOW DR., SE
64 CITY - ST - ZIP	WINTER HAVEN, FL

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)(b), 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 the 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: William R. Burr **WILLIAM R. BURR** 6/12/95 (813) 293-4270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **TREASURER** (Title) (Phone/Fax #)

CR2E037 (3/95)