

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 751276 (7)**

1. Corporation Name  
**THE WINTER HAVEN JAYCEES, INC.**



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

3. Date Incorporated or Qualified: **02/27/1980**  
3a. Date of Last Report: **06/16/1995**  
4. FEI Number: **26-6867740**  
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

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
Suite, Apt. #, etc.: 22  
City & State: 23  
Zip: 24, Country: 25  
City & State: 27  
City & State: 28  
Zip: 29, Country: 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  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when non-stating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	TM	<input type="checkbox"/> DELETE
NAME	ALDAL, JAMES	
STREET ADDRESS	5973 FOXHOLLOW DR.	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GUNN, WES	
STREET ADDRESS	734 AVE. Q. SE	
CITY-ST-ZIP	WINTER HAVEN, FL 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DEL POZZO, KATHY	
STREET ADDRESS	131 TREMONT DR.	
CITY-ST-ZIP	WINTER HAVEN, FL 00000	
TITLE	TV	<input checked="" type="checkbox"/> DELETE
NAME	LOZELL, NANCY	
STREET ADDRESS	200 AVE. K. S.E. #284	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BURR, BILL	
STREET ADDRESS	595 6TH ST. W.	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	SD	<input type="checkbox"/> DELETE
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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: *William R. Burr* **WILLIAM R. BURR** **1/30/96** **(941) 293-4270**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)