

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 # 751990 (3)

1. Corporation Name

PALM BAY AREA JAYCEES, INC.



Principal Place of Business

Mailing Address

P O BOX 060264
PALM BAY FL 32906-0264

P O BOX 060264
PALM BAY FL 32906-0264

3. Date Incorporated or Qualified

04/14/1980

3a. Date of Last Report

05/01/1995

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

9. Name and Address of Current Registered Agent

**HIRSH, KENNETH J.
2112 S. GRANT PLACE
MELBOURNE FL 32901**

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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	CORDOVA, VIRGINIA	
STREET ADDRESS	P O BOX 83 N/A	
CITY-ST-ZIP	SHARPE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KERNS, RITA	
STREET ADDRESS	4317 SHERWOOD BLVD	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	THOMPSON, CATHY	
STREET ADDRESS	715 BIANCA DR. NE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FOUCHE, WALTER	
STREET ADDRESS	283 LEE RD	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHERWOOD, DAVID	
STREET ADDRESS	565 TEAK DR	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHEARY, MIKE	
STREET ADDRESS	2103 MONTGOMERY AVE	
CITY-ST-ZIP	MELBOURNE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rita L Kerns

03-05-96

Date

407-253-9449

Daytime Phone #

CR2E037 (12/95)