

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90145 037 ****61.25

DOCUMENT # 751990

1. Corporation Name

PALM BAY AREA JAYCEES, INC.

Principal Place of Business

1602 PORT MALABAR RD
PALM BAY FL 32905

Mailing Address

P.O. BOX 060264
PALM BAY FL 32906

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612075 - 90003 - 8



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	04/14/1980	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	59-2395405	
24	Country	29	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

CORDOVA, VIRGINIA
841 VILLA DRIVE
MELBOURNE FL 32940

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

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 Virginia Cordova Virginia CORDOVA 8/3/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	REDMOND, TOM			1.2 NAME	CORDOVA, LISA		
STREET ADDRESS	599 ALVIN CIRCLE			1.3 STREET ADDRESS	2224 MALABAR LAKES DRIVE		
CITY-ST-ZIP	PALM BAY FL 32909			1.4 CITY-ST-ZIP	Palm Bay, FL 32905		
TITLE	V	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	REDMOND, MARY			2.2 NAME	Schumacher, TRACY		
STREET ADDRESS	599 ALVIN CIRCLE			2.3 STREET ADDRESS	1657 Sunnybrook Lane Apt A208		
CITY-ST-ZIP	PALM BAY FL 32909			2.4 CITY-ST-ZIP	Palm Bay, FL 32905		
TITLE	S	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KOPPARI, PATTI			3.2 NAME	CORDOVA, Virginia		
STREET ADDRESS	208 FAIRHAVEN AVE			3.3 STREET ADDRESS	841 Villa Drive		
CITY-ST-ZIP	PALM BAY FL 32903			3.4 CITY-ST-ZIP	Melbourne, FL 32940		
TITLE	T	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SMITH, RITA			4.2 NAME	Redmond, Mary		
STREET ADDRESS	4317 SHERWOOD BLVD			4.3 STREET ADDRESS	599 Alvin Circle		
CITY-ST-ZIP	MELBOURNE FL 32935			4.4 CITY-ST-ZIP	Palm Bay, FL 32909		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SCHUMACHER, TRACY			5.2 NAME	Smith, Rita		
STREET ADDRESS	210 PIERCE AVENUE			5.3 STREET ADDRESS	4317 Sherwood Blvd.		
CITY-ST-ZIP	CAPE CANAVERAL FL 32920			5.4 CITY-ST-ZIP	Melbourne, FL 32935		
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SPIX, LIZ			6.2 NAME	Bradberry, Lisa		
STREET ADDRESS	360 VALKARIA RD			6.3 STREET ADDRESS	1116 Whitehurst Rd SW.		
CITY-ST-ZIP	PALM BAY FL 32909			6.4 CITY-ST-ZIP	Palm Bay, FL 32908		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Lisa Cordova LISA CORDOVA - President 8/3/99 253-8693
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #