FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 759930

1. Corporation Name

PORT ST. LUCIE JAYCEES, INC.

Principal Place of Business	Mailing Address
5601 Spruce Drive Fort Pierce, Florida 34982	Same

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/08/81
3a. Date of Last Report: 04/25/94
4. FEI Number: 65-0049894 ☐ 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 ☒ **$68.75** Supplemental Fee Not Required
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WAYNO, Jay 298 N.E. Glentry Avenue Port St. Lucie, Florida 34983	81 Name: Mark Ankrom 82 Street Address (P.O. Box Number is Not Acceptable): 5601 Spruce Drive 83: Fort Pierce 84 City: FL 85 Zip Code: 34982

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: X 1-31-95
Mark Ankrom (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	President		1.1 TITLE	☐ Change ☐ Addition
NAME	Mark Ankrom		1.2 NAME	
STREET ADDRESS	5601 Spruce Drive	D	1.3 STREET ADDRESS	
CITY-ST-ZIP	Fort Pierce, Florida 34982		1.4 CITY-ST-ZIP	
TITLE	Vice President		2.1 TITLE	☐ Change ☐ Addition
NAME	Debbie Ankrom		2.2 NAME	800001437988
STREET ADDRESS	5601 Spruce Drive	D	2.3 STREET ADDRESS	-05/16/95--01008--001
CITY-ST-ZIP	Fort Pierce, Florida 34982		2.4 CITY-ST-ZIP	*****68.75 *****68.75
TITLE	Secretary		3.1 TITLE	☐ Change ☐ Addition
NAME	Carole Berry		3.2 NAME	
STREET ADDRESS	2333 S.W. Independence Road	D	3.3 STREET ADDRESS	
CITY-ST-ZIP	Port St. Lucie, Florida 34983		3.4 CITY-ST-ZIP	
TITLE	Treasurer		4.1 TITLE	☐ Change ☐ Addition
NAME	Roger Berry		4.2 NAME	
STREET ADDRESS	2498 S.E. Alden Street	D	4.3 STREET ADDRESS	
CITY-ST-ZIP	Port St. Lucie, Florida 34984		4.4 CITY-ST-ZIP	
TITLE			5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE			6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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)(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.

SIGNATURE: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Mark Ankrom

1-31-95
Date

465-5025
Daytime Phone #