

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 # **759930**

(1)

1. Corporation Name

PORT ST. LUCIE JAYCEES, INC.



Principal Place of Business

**5601 SPRUCE DRIVE
FORT PIERCE FL 34982**

Mailing Address

**5601 SPRUCE DRIVE
FORT PIERCE FL 34982**

2. Principal Place of Business

21 **1301 Bayshore Blvd**

Suite, Apt. #, etc.

2a. Mailing Address

26 **PO Box 7874**

Suite, Apt. #, etc.

City & State

23 **Port St. Lucie FL**

City & State

28 **Port St. Lucie FL**

Zip

34983

Country

St. Lucie

Zip

34985

Country

St. Lucie

9. Name and Address of Current Registered Agent

**ANKROM, MARK
5601 SPRUCE DRIVE
FORT PIERCE FL 34982**

3. Date Incorporated or Qualified
09/08/1981

3a. Date of Last Report
05/01/1995

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

Roger Berry

82 Street Address (P.O. Box Number is Not Acceptable)

2498 SE ALDEN ST

83

84 City

Port St. Lucie

FL

85 Zip Code

34984

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

Roger Berry

Roger Berry President

11/16/96

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	ANKROM, MARK	
STREET ADDRESS	5601 SPRUCE DR.	
CITY-ST-ZIP	FT. PIERCE FL 34982	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ANKROM, DEBBIE	
STREET ADDRESS	5601 SPRUCE DR.	
CITY-ST-ZIP	FT. PIERCE FL 34982	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BERRY, CAROLE	
STREET ADDRESS	2333 S.W. INDEPENDENCE ROAD	
CITY-ST-ZIP	PT. ST. LUCIE FL 34983	
TITLE	VP President	<input type="checkbox"/> DELETE
NAME	BERRY, ROGER	
STREET ADDRESS	2498 S.E. ALDEN STREET	
CITY-ST-ZIP	PORT ST. LUCIE FL 34984	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GEARHART, JEFF	
STREET ADDRESS	1932 CAPEADOR ST.	
CITY-ST-ZIP	PT. ST. LUCIE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Roger Berry	
13 STREET ADDRESS	2498 SE ALDEN ST	
14 CITY-ST-ZIP	Port St. Lucie FL 34984	
21 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Robert Watry	
23 STREET ADDRESS	1561 SE Sutton Street	
24 CITY-ST-ZIP	Port St. Lucie FL 34983	
31 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Jeff Pesula	
33 STREET ADDRESS	420 N.W. Daffodil Lane	
34 CITY-ST-ZIP	Port St. Lucie FL 34983	
41 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Diana Watry	
43 STREET ADDRESS	1561 S.E. Sutton Street	
44 CITY-ST-ZIP	Port St. Lucie FL 34983	
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:

Roger Berry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-874-0678

CR2E037 (12/95)