

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 770314 (3)

1. Corporation Name

THE TALLAHASSEE JAYCEE FUND, INC.



Principal Place of Business

Mailing Address

P.O. BOX 83  
TALLAHASSEE FL 32302

P.O. BOX 83  
TALLAHASSEE FL 32302

3. Date Incorporated or Qualified  
09/20/1983

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EGGERS, RICK  
2208 EASTGATE WAY  
TALLAHASSEE FL 32308

81

Name

Deborah Jean Bass

82

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

6014 Beard St

83

Tallahassee, Florida

84

City

FL

85

Zip Code

32303

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

*Deborah Jean Bass*

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

(NOTE: Registered Agent signature Required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

CD  
EGGERS, RICK  
2208 EASTGATE WAY  
TALLAHASSEE FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VPD  
KING, CARL  
PO BOX 13114 N/A  
TALLAHASSEE FL

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TD  
BASS, DEBBIE  
406 N RIDE  
TALLAHASSEE FL

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TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD  
WALLACE, MIKE  
615 W. ST. AUGUSTINE #23  
TALLAHASSEE FL

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

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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:

*Deborah Jean Bass*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-96 (904) 561-0547

CR2E037 (12/95)