

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **770314** (3)

1. Corporation Name

THE TALLAHASSEE JAYCEE FUND, INC.



Principal Place of Business P.O. BOX 83 TALLAHASSEE FL 32302	Mailing Address P.O. BOX 83 TALLAHASSEE FL 32302-0083
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3. Date Incorporated or Qualified 09/20/1983	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent BASS, DEBORAH J 614 BEARD ST TALLAHASSEE FL 32303	
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10. Name and Address of New Registered Agent 81 Name Brian D. Nolan 82 Street Address (P.O. Box Number is Not Acceptable) 3736 Rockbrook Dr. 83 84 City Tallahassee FL 85 Zip Code 32311	
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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 Brian D. Nolan **Brian D. Nolan, President** **5/30/97**
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	CD <input checked="" type="checkbox"/> DELETE
NAME	EGGERS, RICK
STREET ADDRESS	2208 EASTGATE WAY
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	BASS, DEBBIE
STREET ADDRESS	614 BEARD ST.
CITY-ST-ZIP	TALLAHASSEE FL 32303
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	CONDON, MELISSA
STREET ADDRESS	285 DIXIE DR., APT B-4
CITY-ST-ZIP	TALLAHASSEE FL 32304
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President - D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Brian D. Nolan
1.3 STREET ADDRESS	3736 Rockbrook Dr.
1.4 CITY-ST-ZIP	Tall., FL 32311
2.1 TITLE	Chairman of the Board - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Debbie Bass
2.3 STREET ADDRESS	614 Beard St.
2.4 CITY-ST-ZIP	Tall., FL 32303
3.1 TITLE	Treasurer - D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Karen Irwin
3.3 STREET ADDRESS	3711 Shamrock West #223F
3.4 CITY-ST-ZIP	Tallahassee, FL 32308
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 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.

CR2E037 (9/96)