

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Aug 13, 1998 8:00 am
Secretary of State

DOCUMENT # N02477 (0)

1. Corporation Name

KISSIMMEE-ST.CLOUD JAYCEES, INC.

Principal Place of Business

P O BOX 420519
KISSIMMEE FL 34742

Mailing Address

P O BOX 420519
KISSIMMEE FL 34742

3. Date Incorporated or Qualified

04/11/1984

4. FEI Number

59-3357015

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FORBES, KATHY A
613 OREGON AVE
ST CLOUD FL 34769

10. Name and Address of New Registered Agent

81 Name

MCCLOUGHLIN, PHYLLIS

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

1204 ROYAL STREET

83

84 City

KISSIMMEE

FL

85 Zip Code

34744

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 617.0603, Florida Statutes.

SIGNATURE

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 ☒ STATE DR. ☐ DELETE
NAME FORBES, KATHY A
STREET ADDRESS 613 OREGON AVE
CITY-ST-ZIP ST CLOUD FL

TITLE ☒ DELETE
NAME MCNABB, DAVE
STREET ADDRESS 613 OREGON AVE
CITY-ST-ZIP ST CLOUD FL

TITLE ☐ DELETE
NAME SIMANDL, TERRI
STREET ADDRESS P.O BOX 25 N/A
CITY-ST-ZIP KISSIMMEE FL

TITLE ☐ DELETE
NAME MCLOUGHLIN, PHYLLIS
STREET ADDRESS 1204 ROYAL ST.
CITY-ST-ZIP KISSIMMEE FL

TITLE ☒ DELETE
NAME SWAIN, LEIGHANN
STREET ADDRESS P.O BOX 1269 N/A
CITY-ST-ZIP DAVENPORT FL

TITLE ☒ DELETE
NAME HEMPHILL, ROBIN
STREET ADDRESS 2002 MARLBORO AVE.
CITY-ST-ZIP KISSIMMEE FL

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☒ Addition
1.2 NAME M
1.3 STREET ADDRESS MANAGEMENT V. P.
1.4 CITY-ST-ZIP KUNTZ, BOB
918 S. PARK CT
KISSIMMEE FL 34741

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME 700002615657
6.3 STREET ADDRESS -08/13/98--01103--023
6.4 CITY-ST-ZIP ***61.25

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-98

(407) 518-6790

Date

Daytime Phone #

0070557

CR2E037 (10/97)