

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90095 029 ****61.25

DOCUMENT # N02477

1. Entity Name
KISSIMMEE-ST.CLOUD JAYCEES, INC.



Principal Place of Business
**P.O. BOX 420519
KISSIMMEE, FL 34742-0519**

Mailing Address
**P.O. BOX 420519
KISSIMMEE, FL 34742-0519**

50057199



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07192005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3357015

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOROBEL, RONALD E
3442 FOX CROSSING DRIVE
KISSIMMEE, FL 34741**

Name **Kuntz, Mariea M.**

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

918 South Park Court

City

Kissimmee

FL

Zip Code
34741

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Mariea M. Kuntz, Agent/Acting Pres/Director** **July 19, 2005**

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
NAME **WOROBEL, RONALD E**
STREET ADDRESS **3442 FOX CROSSING DRIVE**
CITY-ST-ZIP **KISSIMMEE, FL 34741**

TITLE **P/D** ☐ Change ☒ Addition
NAME **Kuntz, Mariea M.**
STREET ADDRESS **918 South Park Court**
CITY-ST-ZIP **Kissimmee, FL 34741**

TITLE **D** ☐ Delete
NAME **ELSASSES, SCOTT**
STREET ADDRESS **2132 CYPRESS BAY BLVD.**
CITY-ST-ZIP **KISSIMMEE, FL 34743**

TITLE ☐ Change ☐ Addition
NAME **Elsasser, Scott**
STREET ADDRESS
CITY-ST-ZIP

TITLE **O** ☒ Delete
NAME **ENDOUR, SARAH**
STREET ADDRESS **2201 SUMMER RAY CT**
CITY-ST-ZIP **SAINT CLOUD, FL 34772**

TITLE **D** ☐ Change ☒ Addition
NAME **McKinney, Debby**
STREET ADDRESS **205 Lakeshore Drive**
CITY-ST-ZIP **Clermont, FL 34711-7965**

TITLE **O** ☒ Delete
NAME **WOROBEL, RICHARD A**
STREET ADDRESS **3442 FOX CROSSING DRIVE**
CITY-ST-ZIP **KISSIMMEE, FL 34741**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **O** ☒ Delete
NAME **SANTANA, RICHY**
STREET ADDRESS **1457 VICKS DRIVE**
CITY-ST-ZIP **KISSIMMEE, FL 34744**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **O** ☒ Delete
NAME **LONG, KAREN**
STREET ADDRESS **105 MARLA LANE**
CITY-ST-ZIP **LONGWOOD, FL 32750**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **Mariea M. Kuntz**

July 19, 2005 **407-846-3412**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #