

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90019 033 ****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	
2. Principal Place of Business <u>918 South Park Court</u> Suite, Apt. #, etc.		3. Mailing Address <u>918 South Park Court</u> Suite, Apt. #, etc.	
City & State <u>Kissimmee FL</u>		City & State <u>Kissimmee, FL</u>	
Zip <u>34741</u>	Country <u>Osceola</u>	Zip <u>34741</u>	Country <u>Osceola</u>
4. FEI Number <u>59-3357015</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KUNTZ, MARICA M 918 SOUTH PARK COURT KISSIMMEE, FL 34741		7. Name and Address of New Registered Agent Name <u>Marica M. Kuntz</u> Street Address (P.O. Box Number is Not Acceptable) <u>918 South Park Court</u> City <u>Kissimmee</u> <u>FL</u> Zip Code <u>34741</u>	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <u></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> <u>7/6/06</u> <small>DATE</small> </div> </div>			
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <u>KUNTZ, MARICA M</u> <input type="checkbox"/> Delete <u>918 SOUTH PARK COURT</u> <u>KISSIMMEE, FL 34741</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O <u>ELSASSER, SCOTT</u> <input checked="" type="checkbox"/> Delete <u>2132 CYPRESS BAY BLVD.</u> <u>KISSIMMEE, FL 34743</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O <u>MCKINNEY, DEBBY</u> <input type="checkbox"/> Delete <u>205 LAKESHORE DRIVE</u> <u>CLERMONT, FL 347117965</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>7/6/06</u> <u>407-846-3412</u> <small>Date Daytime Phone #</small>	