2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State
03-15-2004 90080 027 ****70.00

DOCUMENT # N03000006795

1. Entity Name
SAINT LUCIE JAYCEES, INC.

Principal Place of Business
145 NE PRIMA VISTA BLVD
PORT SAINT LUCIE, FL 34983

Mailing Address
145 NE PRIMA VISTA BLVD
PORT SAINT LUCIE, FL 34983

01232004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business: P.O. BOX
Suite, Apt. #, etc.
City & State: Fort Pierce, Florida
Zip
Country: USA.

3. Mailing Address: P.O. BOX
Suite, Apt. #, etc.
City & State: Fort Pierce, FL
Zip
Country: USA

4. FEI Number: 56-2398923 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FLORIDA JAYCEES
2000 N. GILMORE ST
LAKELAND, FL 32805

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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	TITLE	President ☐ Change ☒ Addition
NAME	ROTH, KEVIN	NAME	Georgia Morrell
STREET ADDRESS	158 BAYSINGER AVE	STREET ADDRESS	1549 SW Nevia Ave
CITY-ST-ZIP	FORT PIRECE, FL 34950	CITY-ST-ZIP	Port St Lucie, FL 34952.
TITLE	V ☐ Delete	TITLE	V ☒ Change ☐ Addition
NAME	HAMRICK, PAMELA	NAME	Pamela Hamrick
STREET ADDRESS	145 NE PRIMA VISTA BLVD	STREET ADDRESS	3541 NE Bailey TERR
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983	CITY-ST-ZIP	Jensen Beach FL 34957
TITLE	V ☐ Delete	TITLE	V ☒ Change ☐ Addition
NAME	HARRISON, MICHAEL E	NAME	Michael E Harrison
STREET ADDRESS	145 NE PRIMA VISTA BLVD	STREET ADDRESS	3541 NE Bailey TERR
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983	CITY-ST-ZIP	Jensen Beach FL 34957
TITLE	V ☒ Delete	TITLE	V ☐ Change ☒ Addition
NAME	MCCATHA, LEWIS	NAME	Sean Healy
STREET ADDRESS	6705 SANTA CLARA BLVD	STREET ADDRESS	3347 S. US Hwy 1
CITY-ST-ZIP	FORT PIERCE, FL 34951	CITY-ST-ZIP	Ft Pierce, FL 34982
TITLE	V ☒ Delete	TITLE	V ☐ Change ☒ Addition
NAME	HALL, DANIEL	NAME	R. Matt Blough
STREET ADDRESS	6705 SANTA CLARA BLVD	STREET ADDRESS	3347 S. US Hwy 1
CITY-ST-ZIP	FORT PIERCE, FL 34951	CITY-ST-ZIP	Fort Pierce, FL 34982
TITLE	☐ Delete	TITLE	V ☐ Change ☒ Addition
NAME		NAME	Robin Jordan
STREET ADDRESS		STREET ADDRESS	1702 SE Westhaven ct.
CITY-ST-ZIP		CITY-ST-ZIP	Port St Lucie, FL 34952

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: R Matt Blough
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #