

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000001882

FILED
Mar 09, 2009
Secretary of State

Entity Name: AVON PARK JAYCEES INC

Current Principal Place of Business:

1529 FARM ROAD
SEBRING, FL 33876 US

New Principal Place of Business:

Current Mailing Address:

120 SOUTH ANOKA AVENUE
AVON PARK, FL 33825 US

New Mailing Address:

120 SOUTH ANOKA AVENUE
AVON PARK, FL 33825

FEI Number: 20-2403571 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DONALDSON, DEVON P
120 SOUTH ANOKA AVENUE
AVON PARK, FL 33825 US

Name and Address of New Registered Agent:

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.

SIGNATURE: DEVON P DONALDSON

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: PRITCHETT, KARI
Address: 2316 SUNRISE DRIVE
City-St-Zip: SEBRING, FL 33872 US

Title: DVP () Delete
Name: TURNER, TRAVIS
Address: 2900 US 27 SOUTH
City-St-Zip: AVON PARK, FL 33825 US

Title: DT () Delete
Name: TURNER, WENDY
Address: 2880 LAKEVIEW DRIVE
City-St-Zip: SEBRING, FL 33870 US

Title: DS () Delete
Name: MCCracken, SHANNON
Address: 1494 WILDE STREET
City-St-Zip: AVON PARK, FL 33825 US

Title: DVP () Delete
Name: WATKINS, KARA
Address: 5707 HAMPTON WOODS
City-St-Zip: SEBRING, FL 33870 US

Title: D () Delete
Name: MCCracken, MICHAEL
Address: 1494 WILDE STREET
City-St-Zip: AVON PARK, FL 33825 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARI PRITCHETT

P

03/09/2009

Electronic Signature of Signing Officer or Director

Date