


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90045 015 \*\*\*\*61.25

<b>DOCUMENT # N05000007987</b> 1. Entity Name <b>FORT WALTON BEACH JAYCEES, INC</b>					
Principal Place of Business <b>P.O. BOX 722 FORT WALTON BEACH, FL 32549 US</b>			Mailing Address <b>P.O. BOX 722 FORT WALTON BEACH, FL 32549 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>20-3296983</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CARTER, SHERRY 428 D MARY ESTHER CTO FORT WALTON BEACH, FL 32548</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CARTER, SHERRY</b> <b>106 DOODLE AVENUE</b> <b>FORT WALTON BEACH, FL 32547</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>POTTHAST, MARY</b> <b>937 DENTON BLVD UNIT 20</b> <b>FORT WALTON BEACH, FL 32547</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CB</b> <b>CRAWFOD, MIKE</b> <b>707 AVE DU FOUTANE BLEAU</b> <b>MARY ESTHER, FL 32569</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MOORE, KAMA</b> <b>8 WEDGEWOOD LANE</b> <b>FORT WALTON BEACH, FL 32547</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP</b> <b>ADAMS, KATHY</b> <b>8 WEDGEWOOD LANE</b> <b>FORT WALTON BEACH, FL 32547</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CVP</b> <b>TAYLOR, EVAN</b> <b>236 MIRACLE STRIP PARKWAY</b> <b>FORT WALTON BEACH, FL 32549</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CB</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP</b> <b>Vince Roy</b> <b>5 Forest Grove Place</b> <b>FWB, FL 32548</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Shannon Reade</b> <b>2112 Chatsworth Drive</b> <b>Navarre, FL 32566</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Christina Roy</b> <b>5 Forest Grove Place</b> <b>FWB, FL 32548</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MVP</b>	<input checked="" 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.					
<b>SIGNATURE:</b> <i>Sherry Carter</i> <span style="float: right;">1/30/07 850-642-5292</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					