

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007987

FILED
May 01, 2009
Secretary of State

Entity Name: FORT WALTON BEACH JAYCEES, INC

Current Principal Place of Business:

8 INDUSTRIAL STREET
FORT WALTON BEACH, FL 32548 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 722
FORT WALTON BEACH, FL 32549 US

New Mailing Address:

FEI Number: 20-3296983 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:

CARTER, SHERRY
8 INDUSTRIAL STREET
FORT WALTON BEACH, FL 32548 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CARTER, SHERRY
Address: 106 DOODLE AVENUE
City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: VP () Delete
Name: POTTHAST, MARY
Address: 937 DENTON BLVD UNIT 20
City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: T () Delete
Name: CUNNINGHAM, DENNIS
Address: 707-A GREEN ST
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: CB/D () Delete
Name: MOORE, KAMA
Address: 8 WEDGEWOOD LANE
City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: D () Delete
Name: ADAMS, KATHY
Address: 8 WEDGEWOOD LANE
City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: POTTHAST, MARY
Address: 937 DENTON BLVD UNIT 20
City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: VP (X) Change () Addition
Name: KENNEDY, JONATHON
Address: 329 WHEELER STREET
City-St-Zip: FORT WALTON BEACH, FL 32548 US

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

Title: VP (X) Change () Addition
Name: HOLT, NICHOLAS
Address: 318 OHIO AVENUE
City-St-Zip: VALPARAISO, FL 32578 US

Title: VP () Change (X) Addition
Name: CABERTO, MEGAN
Address: 4241 LOST HORSE CIRCLE
City-St-Zip: NICEVILLE, FL 32578 US

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: SHERRY CARTER

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date