FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

	1998	DIVISION OF	CORPORATIONS	Secretary	of State
DOCU 1. Corporation	MENT # N0952	25 (9)	-		or state
JAYCE	EE FOUNDATION OF SARA	SOTA, INC.			
				((A A A A A A A A A A A A A A A A A A	# 116 00 4 000 4 000 4 000
Principal Plac	o of Buchana	Molling Address			
Principal Place of Business Mailing Address					
713 S. ORANGE AVE. 713 S. ORANGE AVE. SARASOTA FL 34236 SARASOTA FL 34236				3. Date Incorporated or Qualified	
ONINGO IN TE	. 57200	SARASOTA FL 34230		05/30/1985	
				4. FEI Number	Applied For
2. Principal Place of Business 2a. Mailing Address				59-2608272	Not Applicable
21		26		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt. #, etc. Suite, Apt. #, etc.			6. Election Campaign Financing	\$5.00 May Be	
City & Stat	lo.	City & State		Trust Fund Centribution	Added to Fees
23	ic.	28		7. Is this nonprofit corporation a homeow Yes	ners association?
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Register	ed Agent
LEDAL	210 101 111		81 Name		
MERCURIO, JOHN			82 Street Add	fress (P.O. Box Number is Not Acceptable)	
713 S. ORANGE AVE. SARASOTA FL 34236			83		
OARAOC	JIA I-L 34230				
			84 City		85 Zip Code
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statu	tes, the above-named cor	poration submits this statement for the purpose	of changing its registered
agent. I a	registered agent, or both, in the State im familiar with, and accept the oblig-	of Florida. Such change was atlons of, Section 617.0503, Fl	authorized by the corpora orida Statutes.	poration submits this statement for the purpose tition's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE					
12.	Signature, typed or printed name of registered age OFFICERS AN		TE: Registered Agent signature requ	ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD	☐ DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	WILLIAMS, HAL		1.2 NAME		
STREET ADDRESS	8315 62ND ST. CT. E 2105		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	···	1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	STANEK, JAN 5116 BRADENTON RD.		2.2 NAME		
STREET ADDRESS	SARASOTA FL		2.3 STREET ADDRESS		
CITY-ST-ZIP TIYLE	SD	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME	FORTIN, GAYLE		3.2 NAME		onerige Additions
STREET ADDRESS	5670 COUNTRY LAKES DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		3.4. CITY-ST-ZIP		
TITLE	D	DELETE	4.1 TITLE		Change Addition
NAME	MEPSIT, MICHAEL		4. 2 NAME		
STREET ADDRESS	2406 MOCCASIN RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	SARASOTA FL	☐ ncrease	4.4 CITY-ST-ZIP		Oberta DAUGGE
NAME	TD Mercurio, John	L_ DELETE	5.1 TITLE		Change Addition
STREET ADDRESS	713 S. ORANGE AVE.		5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		,
STREET ADDRESS			6.3 STREET ADDRESS		

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

FILED

Jan 15 1998 8:00am