

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90213 038 ****61.25

DOCUMENT # N12139

1. Entity Name

JAYCEES FOUNDATION OF NAPLES, INC.



Principal Place of Business

2950 64TH STREET S.W.
NAPLES FL 34116
US

Mailing Address

P.O. BOX 7721
NAPLES FL 34101

00013313

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0047226

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORAN, DAVID
4762 CAPRI DRIVE
NAPLES FL 34103

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE	T	<input type="checkbox"/> Delete
NAME	DOUGLAS, WILLIAM	
STREET ADDRESS	600 ST ANDREWS BLVD	
CITY-ST-ZIP	NAPLES FL 34113-8974	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEACH, DON	
STREET ADDRESS	1991 HUNTER BLVD.	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOUGLASS, LISA	
STREET ADDRESS	600 ST ANDREWS BLVD	
CITY-ST-ZIP	NAPLES FL 34113-8974	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TURNER, WIN	
STREET ADDRESS	45 LIBERTY LANE	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	P	<input type="checkbox"/> Delete
NAME	MORAN, DAVE	
STREET ADDRESS	4762 CAPRI DR.	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROBINSON, ANGELA	
STREET ADDRESS	400 VALLEY STREALL DR., #110	
CITY-ST-ZIP	NAPLES FL 34113	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

2/22/05 239 643 4142

Date

Daytime Phone #