
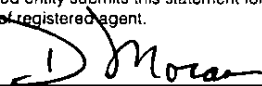
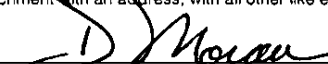


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2006 8:00 am
Secretary of State

09-06-2006 90039 031 ****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	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0047226	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	T <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLAS, WILLIAM			NAME	
STREET ADDRESS	600 ST ANDREWS BLVD			STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 341138974			CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEACH, DON			NAME	
STREET ADDRESS	1991 HUNTER BLVD.			STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34116			CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLASS, LISA			NAME	
STREET ADDRESS	600 ST ANDREWS BLVD			STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 341138974			CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, WIN			NAME	
STREET ADDRESS	45 LIBERTY LANE			STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34112			CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORAN, DAVE			NAME	
STREET ADDRESS	4762 CAPRI DR.			STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34103			CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, ANGELA			NAME	
STREET ADDRESS	400 VALLEY STREALL DR., #110			STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34113			CITY-ST-ZIP	
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.					
SIGNATURE:  PRESIDENT					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 239 6434142 Daytime Phone #	