FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N16472** **(5)**

1. Corporation Name

FLORIDA JAYCEES CHARITABLE AND EDUCATIONAL FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2000 NORTH GILMORE AVENUE LAKELAND FL 33805	2000 NORTH GILMORE AVENUE LAKELAND FL 33805

3. Date Incorporated or Qualified: 03/21/1986
3a. Date of Last Report: 02/21/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24 / 25	Zip / Country	29 / 30	Zip / Country

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MAXSON, DANIEL E.
2000 N GILMORE AVE
LAKELAND FL 33805

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	BONNIE MILLER, Pres	☒ Change ☐ Addition
NAME	~~KUGELMANN, PETE~~ BONNIE MILLER	1.2 NAME		
STREET ADDRESS	~~10319 RAIN BRIDGE DR~~ 4655 SALISBURY #300	1.3 STREET ADDRESS	4655 SALISBURY # 300	
CITY-ST-ZIP	~~RIVERVIEW FL~~ JACKSONVILLE, FL	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE	D	2.1 TITLE		☒ Change ☐ Addition
NAME	~~PEACOCK, NANCY~~	2.2 NAME	NANCY NEIBAUR	
STREET ADDRESS	~~14367 SW 96TH LANE~~	2.3 STREET ADDRESS	22300 SW 252 ST	
CITY-ST-ZIP	~~MIAMI FL~~	2.4 CITY-ST-ZIP	HOMESTEAD, FL 33031	
TITLE	T	3.1 TITLE		☒ Change ☐ Addition
NAME	NEIBAUR, TOM	3.2 NAME		
STREET ADDRESS	14367 SW 96 LANE	3.3 STREET ADDRESS	22300 SW 252 ST	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL 33031	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	WEINSCHKE, BRAD	4.2 NAME		
STREET ADDRESS	637 WILLIAM ST	4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	WOORAD, PAT	5.2 NAME		
STREET ADDRESS	641 RUTZ CT SE	5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL	5.4 CITY-ST-ZIP		
TITLE	FORT	6.1 TITLE		☐ Change ☐ Addition
NAME	YN, GAYLE	6.2 NAME		
STREET ADDRESS	5870 COUNTY LAKES DR	6.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 4/25/95 813-688-3981
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

00TAMY