


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N16472** (5)

1. Corporation Name

FLORIDA JAYCEES CHARITABLE AND EDUCATIONAL FOUNDATION, INC.

Principal Place of Business

**2000 NORTH GILMORE AVENUE
LAKELAND FL 33805**

Mailing Address

**2000 NORTH GILMORE AVENUE
LAKELAND FL 33805**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/21/1986** 3a. Date of Last Report **09/24/1996**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29 Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **MAXSON, DANIEL**
STREET ADDRESS **4615 SAN ANTONIO**
CITY-ST-ZIP **LAKELAND FL 33813**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VD** ☒ DELETE
NAME **HAZELETT, JOAN**
STREET ADDRESS **1718 PRIMROSE**
CITY-ST-ZIP **WEST PALM BEACH FL 33414**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **D Sharon Johnson**
2.3 STREET ADDRESS **2931 SW 87th Terrace #1924**
2.4 CITY-ST-ZIP **DAVIE, FL 33328**

TITLE **TS** ☐ DELETE
NAME **BOCANAGRA, LISA**
STREET ADDRESS **5940 SW 50TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33155**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **Waelti, Rick**
STREET ADDRESS **7290 Waelti Dr**
CITY-ST-ZIP **MELBOURNE FL 32940**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **BERNSTEIN, GAIL**
STREET ADDRESS **101 N. MONTEREY CIRCLE**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **FORT** ☐ DELETE
NAME **YN, GAYLE**
STREET ADDRESS **5670 COUNTY LAKES DR**
CITY-ST-ZIP **SARASOTA FL**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **D Fortin, Gayle**
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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 REQUIRED

CR2E037 (4/97)