

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N19285 (8)

1. Corporation Name

INDIANTOWN JAYCEES INC.

Principal Place of Business

Mailing Address

BIG MOUND PARK
INDIANMOUND DRIVE
INDIANTOWN FL 34956

P.O. BOX 207
INDIANTOWN FL 34956



3. Date Incorporated or Qualified

02/18/1987

3a. Date of Last Report

06/22/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

25

26

27

28

29

30

4. FEI Number

65-0414068

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARRISON, BECKY L
8601 SW HOPWOOD AVE.
INDIANTOWN FL 34956

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 PD
NAME HARRISON, BECKY
STREET ADDRESS 8601 SW HOPEWOOD AVE
CITY-ST-ZIP INDIANTOWN FL 34956

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

TITLE SD
NAME POWERS, MELISSA
STREET ADDRESS P.O. BOX 1106, N/A
CITY-ST-ZIP INDIANTOWN FL 34956

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE MVPD
NAME DRISKILL, DEANNE
STREET ADDRESS P.O. BOX M, N/A
CITY-ST-ZIP INDIANTOWN FL 34956

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

TITLE CVPD
NAME BESAW, RYAN
STREET ADDRESS P.O. BOX 374, N/A
CITY-ST-ZIP INDIANTOWN FL 34956

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE MPD
NAME BULMER, PATRICIA
STREET ADDRESS P.O. BOX 1107, N/A
CITY-ST-ZIP INDIANTOWN FL 34956

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

TITLE MVPD
NAME BATCHLOR, SHARAN
STREET ADDRESS P.O. BOX 1084 N/A
CITY-ST-ZIP INDIANTOWN FL 34956

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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:

Melissa M. Powers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-18-96
Date

597-4191
Daytime Phone

CR2E037 (3/96)