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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED

98 NOV 19 AM 10:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N19285 (8)

1. Corporation Name

INDIANTOWN JAYCEES INC.

REINSTATEMENT



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

4. FEI Number

65-0414068

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

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

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

81 Name

Kim Stripling

82 Street Address (P.O. Box Number is Not Acceptable)

PO Box 1277

83

15054 SW MONROE ST.

84 City

Indiantown

FL

85 Zip Code

34956

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: *Kim Stripling*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

11/13/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE PD ☒ Change ☒ Addition  
1.2 NAME Kim Stripling  
1.3 STREET ADDRESS PO BOX 1277 N/A  
1.4 CITY-ST-ZIP Indiantown, FL 34956

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

2.1 TITLE TD ☒ Change ☒ Addition  
2.2 NAME Joanne Bend  
2.3 STREET ADDRESS 15835 Osceola St.  
2.4 CITY-ST-ZIP Indiantown, FL 34956

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

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME 900002701909--1  
3.3 STREET ADDRESS -12/03/98--01067--013  
3.4 CITY-ST-ZIP \*\*\*\*236.25--\*\*\*\*236.25

TITLE CVPD ☒ DELETE  
NAME STRIPING, KEVIN  
STREET ADDRESS P.O. BOX 1277 NA  
CITY-ST-ZIP INDIANTOWN FL

4.1 TITLE CVPD ☐ Change ☒ Addition  
4.2 NAME John Perry  
4.3 STREET ADDRESS 14600 SW Sonoma Terrace  
4.4 CITY-ST-ZIP Indiantown, FL 34956

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

5.1 TITLE MVPD ☐ Change ☒ Addition  
5.2 NAME Mark Trumbetas  
5.3 STREET ADDRESS P.O. Box M 7300 SPRING HAVEN  
5.4 CITY-ST-ZIP Indiantown FL 34956

TITLE MVPD ☐ DELETE  
NAME CARMAN, DONNA  
STREET ADDRESS P.O. BOX 323 NA  
CITY-ST-ZIP INDIANTOWN FL

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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: *Donna Carman*

10/26/98

(561) 597-3667

CR2E037 (10/97)