

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jul 09, 1999 8:00 am  
Secretary of State

07-09-1999 90017 019 \*\*\*\*61.25

DOCUMENT # N19285 ✓

1. Corporation Name

INDIANTOWN JAYCEES INC.

\* 5 8 5 3 4 3 - 9 0 0 1 7 - 1 9 3 \*

Principal Place of Business

BIG MOUND PARK  
INDIANMOUND DRIVE  
INDIANTOWN FL 34956

Mailing Address

P.O. BOX 207  
INDIANTOWN FL 34956



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
02/18/1987

1. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

4. FEI Number  
65-0414068

Applied For  
Not Applicable

2. City & State

27. City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

3. Zip Country

28. Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STRIPLING, KIM  
15054 S.W. MONROE STREET  
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

1. TITLE PD ☐ DELETE  
2. NAME STRIPLING, KIM  
3. STREET ADDRESS P.O. BOX 1277, N/A  
4. CITY-ST-ZIP INDIANTOWN FL 34956

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

1. TITLE TD ☐ DELETE  
2. NAME BEACH, JOANNE  
3. STREET ADDRESS 15835 OSCEOLA STREET  
4. CITY-ST-ZIP INDIANTOWN FL 34956

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

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

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

1. TITLE CVPD ☐ DELETE  
2. NAME PERRY, JOHN  
3. STREET ADDRESS 14600 S.W. SONORA TERRACE  
4. CITY-ST-ZIP INDIANTOWN FL 34956

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

1. TITLE MDVP ☐ DELETE  
2. NAME TRUMBETAS, MARK  
3. STREET ADDRESS 7300 SPRINGHAVEN  
4. CITY-ST-ZIP INDIANTOWN FL 34956

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

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

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

4. 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)