SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG -7 AM 10:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N21803 (4)

1. Corporation Name
CLEARWATER JAYCEE MEMORIAL FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O WAYNE T. PHILLIPS SUITE 7, 2555 ENTERPRISE ROAD CLEARWATER FL 34623	C/O WAYNE T. PHILLIPS SUITE 7, 2555 ENTERPRISE ROAD CLEARWATER FL 34623

3. Date Incorporated or Qualified: 09/01/1987
3a. Date of Last Report: 05/01/1994
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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 2505 ENTERPRISE Rd	26
Suite, Apt. #, etc. 22 #5	Suite, Apt. #, etc. 27
City & State 23 CLEARWATER, FL	City & State 28
Zip 24 34623 Country 25 USA	Zip 29 Country 30

9. Name and Address of Current Registered Agent

PHILLIPS, WAYNE T.
SUITE 7
2555 ENTERPRISE ROAD
CLEARWATER FL 34623

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 2505 ENTERPRISE Rd #5
83
84 City CLEARWATER FL 85 Zip Code 34623

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 _____ 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	D	11 TITLE		☐ Change ☐ Addition
NAME	NEIBAUR, THOMAS L.	12 NAME		
STREET ADDRESS	3001-B BOUGH AVENUE	13 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	MUNRO, RANDY	22 NAME		
STREET ADDRESS	888 EMERSON	23 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	MITCHELL, BILL	32 NAME		
STREET ADDRESS	275 JEAN STREET	33 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	HUPP, BOB	42 NAME		
STREET ADDRESS	104 KLOSTERMAN ROAD WEST	43 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	PLOUNT, GERALD	52 NAME		
STREET ADDRESS	1961 BECKETT LAKE DR.	53 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	PHILLIPS, WAYNE T.	62 NAME		
STREET ADDRESS	2555 ENTERPRISE RD.#7	63 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	64 CITY-ST-ZIP		

CR2E037 (3/95)

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: _____ 7-28-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0016400