

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N29467

(0)

1. Corporation Name

FORT MYERS JAYCEES, INC.



Principal Place of Business

%ROBERT E. BARNHART  
6688 FAIRVIEW ST  
FT MYERS FL 33912  
US

Mailing Address

P.O. BOX 061466  
FT. MYERS FL 33906

3. Date Incorporated or Qualified  
11/28/1988

3a. Date of Last Report  
02/17/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number  
58-0230087 65-0632358

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

D'ALESSANDRO, JOSEPH P.  
1130 SHADOW LANE  
FT. MYERS FL 33901

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 PT  
NAME CREWS, BERNIE  
STREET ADDRESS 6688 FAIRVIEW ST  
CITY-ST-ZIP FT. MYERS FL

DELETE

TITLE SD  
NAME SHIEVE, KENNETH WAYNE  
STREET ADDRESS 1055 PALM AVE #212  
CITY-ST-ZIP N FT MYERS FL

DELETE

TITLE D  
NAME BRENELLI, J  
STREET ADDRESS 12881 EAGLE PT CIR  
CITY-ST-ZIP FT MYERS FL

DELETE

TITLE MD  
NAME VALENTA, ROBERT  
STREET ADDRESS P O BOX 61101  
CITY-ST-ZIP FORT MYERS FL

DELETE

TITLE MD  
NAME SHREVE, KAREN  
STREET ADDRESS 1055 PALM AVE #212  
CITY-ST-ZIP N FT MYERS FL

DELETE

TITLE VD  
NAME METHOD, TODD  
STREET ADDRESS 11990 S CLEVELAND AVE  
CITY-ST-ZIP FT MYERS FL

DELETE

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

Change

Addition

21 TITLE SD  
22 NAME MIKE LAUGHLIN  
23 STREET ADDRESS 13092 TALL PINE CIR  
24 CITY-ST-ZIP FT MYERS FL 33907

Change

Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS 3701 WINKLER EXT APT 426  
34 CITY-ST-ZIP 33916

Change

Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

Change

Addition

51 TITLE MD  
52 NAME LINDA FRISCH  
53 STREET ADDRESS 8615 FORDHAM  
54 CITY-ST-ZIP FT MYERS FL 33907

Change

Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

Change

Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-9-96

8132783796

CR2E037 (12/95)