

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 # N39416 (5)

1. Corporation Name
GREATER CAPE CORAL JAYCEES, INC.



Principal Place of Business

Mailing Address

P. O. BOX 249
CAPE CORAL FL 33910
US

P. O. BOX 249
CAPE CORAL FL 33910
US

3. Date Incorporated or Qualified
08/07/1990

3a. Date of Last Report
08/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
65-0218722

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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

**HINO, ROXANNE
1201 CAPE CORAL PKWY E
CAPE CORAL FL 33904**

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 **CD** ☐ DELETE
NAME **BURRIS, RICHARD**
STREET ADDRESS **829 MIRAMAR CT.**
CITY-ST-ZIP **CAPE CORAL FL**

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

TITLE **PD** ☒ DELETE
NAME **WUNDERLICH, JEFF**
STREET ADDRESS **1502 NE 18 TERRACE**
CITY-ST-ZIP **CAPE CORAL FL**

2.1 TITLE **VD** ☐ Change ☒ Addition
2.2 NAME **Tim Hauck**
2.3 STREET ADDRESS **4963 Viceroy St.**
2.4 CITY-ST-ZIP **Cape Coral, FL 33904**

TITLE **VD** ☒ DELETE
NAME **FELTON, CAROL**
STREET ADDRESS **1430 SE 26 ST**
CITY-ST-ZIP **MATLACHA FL**

3.1 TITLE **VD** ☐ Change ☒ Addition
3.2 NAME **Kevin Mikolashek**
3.3 STREET ADDRESS **3771 Winkler Ext.**
3.4 CITY-ST-ZIP **Fort Myers, FL 33901**

TITLE **VD** ☐ DELETE
NAME **VALVER, CHRIS**
STREET ADDRESS **4009 SE 9 CT**
CITY-ST-ZIP **CAPE CORAL FL**

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

TITLE **VD** ☐ DELETE
NAME **GOODNOFF, BECKY**
STREET ADDRESS **4014 SE 4 AVENUE**
CITY-ST-ZIP **CAPE CORAL FL**

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

TITLE **TD** ☐ DELETE
NAME **PILAND, BILL**
STREET ADDRESS **4431 N ATLANTIC CIRCLE**
CITY-ST-ZIP **FT MYERS FL**

6.1 TITLE **PD** ☒ Change ☐ Addition
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:

Bill Piland (Bill Piland)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-96

Date

941-656-2366

Daytime Phone #

CR2E037 (12/95)