

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 23 PM 1: 17

DOCUMENT # **N45471** (2)
1. Corporation Name
PALM COAST JAYCEES, INC.

Principal Place of Business Mailing Address
P. O. BOX 353811 P. O. BOX 353811
PALM COAST FL 32135 PALM COAST FL 32135
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/03/1991** 3a. Date of Last Report **07/15/1994**
4. FEI Number **59-2980801** 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 \$68.75 Supplemental Fee Not Required
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country Zip 29 Country 30

9. Name and Address of Current Registered Agent
DOUGLAS, TIMOTHY K
27 FLORIDA PK DR
PALM COAST FL 32137

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HOBBS, STEVEN 137 BIRCHWOOD DR. PALM COAST FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PD Scott Olsen 204 S. 26th Street Flagler Bch FL 32136
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BERRIG, NOREEN 47 FT. CAROLINE LANE PALM COAST FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VD Cheryl Fischer 148 Bayside Dr Palm Coast, FL 32137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ELGIN, VIRGINIA 34 COOLWATER CT. PALM COAST FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VD Lynne Carr 85 Breezehill Ln Palm Coast, FL 32137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD STOOPS, SUSANNE 60 FAIRBANK LANE PALM COAST FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SD Diane Gibson 94 Berkshire Ln Palm Coast, FL 32137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BRAMMER, CARA P. O. BOX 342351 N/A FLGLER BCH FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TD Cara Brammer P.O. Box 350351 Palm Coast, FL 32135
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ECKLEY, GREG 7 WESTBURG PL PALM COAST FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VD Roger Gannon P.O. Box 350791 Palm Coast, FL 32135

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 110.07(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: **Cara A. Brammer** (Typed Name)
Date: **5/17/95** (Date)
Signature: **Cara A. Brammer** (Signature)
Date: **5/17/95** (Date)
Signature: **445-6597** (Phone Number)