

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



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

3. Date Incorporated or Qualified **10/03/1991** 3a. Date of Last Report **05/23/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FBI Number <b>59-2980801</b>	Applied For	
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.			Not Applicable	
23	City & State	27	City & State	5.	Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
24	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
25	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>DOUGLAS, TIMOTHY K 27 FLORIDA PK DR PALM COAST FL 32137</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE		1 1 TITLE	<b>P/D.</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>OSLEN, SCOTT</b>			1 2 NAME	<b>maria Eckley</b>		
STREET ADDRESS	<b>204 S 26TH ST</b>			1 3 STREET ADDRESS	<b>7 Westbury Place</b>		
CITY-ST-ZIP	<b>FLEGLER BEACH FL</b>			1 4 CITY-ST-ZIP	<b>Palm Coast, FL 32164</b>		
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE		2 1 TITLE	<b>V/D</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>FISHER, CHERYL</b>			2 2 NAME	<b>David Eckley</b>		
STREET ADDRESS	<b>148 BAYSIDE DR</b>			2 3 STREET ADDRESS	<b>107 Boulder Rock Dr</b>		
CITY-ST-ZIP	<b>PALM COAST FL</b>			2 4 CITY-ST-ZIP	<b>Palm Coast, FL 32137</b>		
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE		3 1 TITLE	<b>V/D</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>CARR, LYNN</b>			3 2 NAME	<b>Bill Neil</b>		
STREET ADDRESS	<b>85 BREEZEHILL LANE</b>			3 3 STREET ADDRESS	<b>7 Concord Place</b>		
CITY-ST-ZIP	<b>PALM COAST FL</b>			3 4 CITY-ST-ZIP	<b>Palm Coast, FL 32137</b>		
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE		4 1 TITLE	<b>200001884762</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>GIBSON, DIANE</b>			4 2 NAME	<b>-07/05/96--01031--004</b>		
STREET ADDRESS	<b>94 BERKSHIRE LANE</b>			4 3 STREET ADDRESS	<b>***61.25</b>		
CITY-ST-ZIP	<b>PALM COAST FL</b>			4 4 CITY-ST-ZIP			
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE		5 1 TITLE	<b>T/D</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>BRAMMER, CARA</b>			5 2 NAME	<b>Linda MacKenzie</b>		
STREET ADDRESS	<b>P O BOX 352351</b>			5 3 STREET ADDRESS	<b>327 Lambert Ave</b>		
CITY-ST-ZIP	<b>FLGLER BCH FL</b>			5 4 CITY-ST-ZIP	<b>Fleeger Beach, FL 32136</b>		
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE		6 1 TITLE	<b>Caru Brammer</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>GANNON, ROGER</b>			6 2 NAME	<b>5 B. Howell Place</b>		
STREET ADDRESS	<b>P O BOX 350791</b>			6 3 STREET ADDRESS	<b>Palm Coast, FL 32137</b>		
CITY-ST-ZIP	<b>PALM COAST FL</b>			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: Cara A. Brammer Date: 4-25-96 Daytime Phone #: 904-445-4200

CR2E037 (12/95)