

**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. FEI Number	Applied For
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	<b>59-2980801</b>	Not Applicable
23	City & State	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country	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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	11 TITLE	P/D.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	OSLEN, SCOTT		12 NAME	maria Eckley			
STREET ADDRESS	204 S 26TH ST		13 STREET ADDRESS	7 Westbury Place			
CITY-ST-ZIP	FLEGLER BEACH FL		14 CITY-ST-ZIP	Palm Coast, FL 32164			
TITLE	VD	<input checked="" type="checkbox"/> DELETE	21 TITLE	V/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	FISHER, CHERYL		22 NAME	David Eckley			
STREET ADDRESS	148 BAYSIDE DR		23 STREET ADDRESS	107 Boulder Rock Dr			
CITY-ST-ZIP	PALM COAST FL		24 CITY-ST-ZIP	Palm Coast, FL 32137			
TITLE	VD	<input checked="" type="checkbox"/> DELETE	31 TITLE	V/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	CARR, LYNN		32 NAME	Bill Neil			
STREET ADDRESS	85 BREEZEHILL LANE		33 STREET ADDRESS	7 Concord Place			
CITY-ST-ZIP	PALM COAST FL		34 CITY-ST-ZIP	Palm Coast, FL 32137			
TITLE	SD	<input checked="" type="checkbox"/> DELETE	41 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GIBSON, DIANE		42 NAME	200001884762			
STREET ADDRESS	94 BERKSHIRE LANE		43 STREET ADDRESS	-07/05/96--01031--004			
CITY-ST-ZIP	PALM COAST FL		44 CITY-ST-ZIP	***61.25			
TITLE	TD	<input checked="" type="checkbox"/> DELETE	51 TITLE	T/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	BRAMMER, CARA		52 NAME	Linda MacKenzie			
STREET ADDRESS	P O BOX 352351		53 STREET ADDRESS	327 Lambert Ave			
CITY-ST-ZIP	FLGLER BCH FL		54 CITY-ST-ZIP	Fleeger Beach, FL 32136			
TITLE	VD	<input checked="" type="checkbox"/> DELETE	61 TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	GANNON, ROGER		62 NAME	Caru Brammer			
STREET ADDRESS	P O BOX 350791		63 STREET ADDRESS	5 B. Howell Place			
CITY-ST-ZIP	PALM COAST FL		64 CITY-ST-ZIP	Palm Coast, FL 32137			

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)