

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N45471** (2)  
1. Corporation Name  
**PALM COAST JAYCEES, INC.**



Principal Place of Business <b>P. O. BOX 353811 PALM COAST FL 32135 US</b>	Mailing Address <b>P. O. BOX 353811 PALM COAST FL 32135 US</b>
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3. Date Incorporated or Qualified

**10/03/1991**

4. FEI Number

**59-2980801**

Applied For

Not Applicable

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 Zip
24 Country	29 Country
25	30

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DOUGLAS, TIMOTHY K  
27 FLORIDA PK DR  
PALM COAST FL 32137**

81 Name

**Linda Jarosz**

82 Street Address (P.O. Box Number is Not Acceptable)

83

**23 Rae Dr.**

84 City

**Palm Coast**

**FL**

85 Zip Code

**32164**

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

**Linda Jarosz**

**Linda Jarosz, Treasurer**

**4/1/98**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-electing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ECKLEY, MARIA	
STREET ADDRESS	7 WESTBURG PLACE	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	EDKLEY, DAVID	
STREET ADDRESS	107 BOULDERROCK DR	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	NEIL, BILL	
STREET ADDRESS	7 CONCORD PLACE	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MACKENZIE, LINDA	
STREET ADDRESS	327 LAMBERT AVE	
CITY-ST-ZIP	FLGLER BEACH FL 32138	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BRAMMER, CARA	
STREET ADDRESS	5 BILLWELL PLACE	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE

PD

1.2 NAME

**Donahue, Donald J.**

1.3 STREET ADDRESS

**17 Evan Mills Ln.**

1.4 CITY-ST-ZIP

**Palm Coast, FL 32137**

2.1 TITLE

VD

2.2 NAME

**Hern-Mathen, Thea**

2.3 STREET ADDRESS

**2 Airport Rd.**

2.4 CITY-ST-ZIP

**Bunnell, FL 32110**

3.1 TITLE

VD

3.2 NAME

**Vinnick, Bruce**

3.3 STREET ADDRESS

**7 Fishermans Cr #5**

3.4 CITY-ST-ZIP

**Ormond Beach, FL 32174**

4.1 TITLE

TD

4.2 NAME

**Jaros, Linda**

4.3 STREET ADDRESS

**23 Rae Dr.**

4.4 CITY-ST-ZIP

**Palm Coast, FL 32164**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

**Linda Jarosz, Treasurer**

**4/1/98**

**904-437-0106**

CR2E037 (10/97)