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Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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
P. O. BOX 353811 PALM COAST FL 32135 US

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 Country 28 Zip Country
24 Zip Country 25 Country 29 Zip Country 30 Country

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

10. Name and Address of New Registered Agent
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-issuing) DATE

12. OFFICERS AND DIRECTORS

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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Jarosoz, Linda	
4.3 STREET ADDRESS	23 Rae Dr.	
4.4 CITY-ST-ZIP	Palm Coast, FL 32164	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

CP2E037 (10/97)