

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000559

FILED
Apr 16, 2009
Secretary of State

Entity Name: WEST ORANGE JAYCEES, INC.

Current Principal Place of Business:

1223 ORANGE STREET
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

1223 ORANGE STREET
APOPKA, FL 32703 US

New Mailing Address:

PO BOX 770025
WINTER GARDEN, FL 34777 US

FEI Number: 59-2906975

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASMA, WILLIAM N
886 SO DILLARD STR
WINTER GARDEN, FL 34787 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VOLL, LINDA
Address: 1190 PARTLOW DR
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: D () Delete
Name: VOLL, JOHN
Address: 1190 PARTLOW DR
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: D () Delete
Name: DAVIS, SHERRY
Address: 1223 ORANGE STREET
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: HOLDER, RILEY
Address: 1190 PARTLOW DR
City-St-Zip: WINTER GARDEN, FL 34787

Title: D () Delete
Name: DAVIS, DARREL
Address: 1190 PARTLOW DR
City-St-Zip: WINTER GARDEN, FL

Title: D () Delete
Name: DAVIS, CAROL
Address: 1190 PARTLOW DR
City-St-Zip: WINTER GARDEN, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SRD

D

04/16/2009

Electronic Signature of Signing Officer or Director

Date