

FILE NOW: FILING FEE IS \$61.25

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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001621 (1)

1. Corporation Name

FLORIDA JUNIOR CHAMBER OF COMMERCE DISASTER RELIEF FOUNDATION, INC.

Principal Place of Business

Mailing Address

2000 N. GILMORE AVE.
LAKELAND FL 33805

2000 N. GILMORE AVE.
LAKELAND FL 33805

FILED
SEP 24 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
03/28/1994

3a. Date of Last Report
05/01/1995

4. FEI Number

59-3218872

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

10. Name and Address of New Registered Agent

MAXON, DANIEL
2000 N. GILMORE AVE.
LAKELAND FL 33805

61 Name

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

63

64 City

FL

65 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

NAME SEIDEL, ERIC
STREET ADDRESS 3500 WASHINGTON ST., #708-B
CITY-ST-ZIP HOLLYWOOD FL

TITLE ☒ DELETE

NAME JOHNSON, SHARON
STREET ADDRESS 2931 S.W. 87TH TERR., #1924
CITY-ST-ZIP DAVIE FL

TITLE ☐ DELETE

NAME WHALEN, DON
STREET ADDRESS 3806 US HWY 41 N.
CITY-ST-ZIP PALMETTO FL

TITLE ☐ DELETE

NAME HAZELETT, JOAN
STREET ADDRESS 1718 PRIMROSE AVE
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☐ DELETE

NAME JUTTNER, HEIDI
STREET ADDRESS 5496 S. NOVA RD
CITY-ST-ZIP HARBOR OAKS FL

TITLE ☐ DELETE

NAME NATALIE NORMAN
STREET ADDRESS 4881 BRIDGE ROAD
CITY-ST-ZIP COCOA, FL 32927

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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

200001975532-3
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DIANA ROBBINS
1101 PALMA DR.
ORLANDO, FL 32805

D

VP

NATALIE NORMAN
4881 BRIDGE ROAD
COCOA, FL 32927

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NATALIE NORMAN PRES 8/15/96 941-688-5481

Date

Daytime Phone #

MWB 9-24-96

CR2E037 (12/95)



Florida Junior Chamber Of Commerce

2000 N. Gilmore Avenue
Lakeland, FL 33805
941-688-5481 fax 941-688-0838

September 20, 1996

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Attention: Marie Bartlett

Dear Ms. Bartlett,

As per our conversation this date I am writing this letter to request the Reinstatement Fee of \$175.00 be waived for the following companies:

Florida Jaycees, Inc., Document # 711123
Florida Jaycees Charitable & Educational Foundation, Document # N16472
Florida Jaycee Memorial Foundation, Inc., Document #741327
Florida Junior Chamber of Commerce Disaster Relief Foundation, Inc., Document #N94000001621

At the end of the month of April 1996, I call the Department of State and spoke to a woman in your offices. I explained to her that we would not know who would be our incoming new officers and directors until some time after the May 1st due date. She told me that because our corporations were of the nonprofit variety we did not need to worry about the timeliness of our filing and that there would not be any late fees applied. She continued to say that the Department of State understood that nonprofit organizations change officers on an annual basis and did not always know who the officers would be at the time of the filing due date. She assured me that we had nothing to worry about.

We recently received a notice of Administrative Dissolution or Revocation which stated that Second notices were sent out. I did not receive these notices. Had I received these notices I assure you I would of made sure these forms were taken care of.

This past weekend our corporations all had board meetings giving me the appropriate names of the new officers and approval to submit these forms. (please see enclosed forms and checks)

I thank you for any and all help you can be in having these fees waived.

Sincerely,

Bobbi G. Coyle
Bookkeeper

Enclosures

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