

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 22 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 RELI
EF FOUNDATION, INC.

Principal Place of Business

Mailing Address

2000 N. GILMORE AVE.
LAKELAND FL 33805

2000 N. GILMORE AVE.
LAKELAND FL 33805

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/28/1994

3a. Date of Last Report
09/24/1996

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

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 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

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

81 Name

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

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE T ☒ DELETE
NAME ROBBINS, DIANA
STREET ADDRESS 1101 PALMA DR
CITY-ST-ZIP ORLANDO FL 32805

TITLE D ☐ DELETE
NAME WHALEN, DON
STREET ADDRESS 3808 US HWY 41 N.
CITY-ST-ZIP PALMETTO FL

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

TITLE D ☒ DELETE
NAME JUTTNER, HEIDI
STREET ADDRESS 5498 S. NOVA RD
CITY-ST-ZIP HARBOR OAKS FL

TITLE P ☐ DELETE
NAME NORMAN, NATALIE
STREET ADDRESS 4881 BRIDGE RD
CITY-ST-ZIP COCOA FL 32927

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME Sharon Johnson
1.3 STREET ADDRESS 2931 SW 87th Terrace #1924
1.4 CITY-ST-ZIP Davie, FL 33328

2.1 TITLE S/D ☐ Change ☒ Addition
2.2 NAME Hal Williams
2.3 STREET ADDRESS 8315 62nd Ct E # 2105
2.4 CITY-ST-ZIP Sarasota FL 34243

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME Jim Aidal
4.3 STREET ADDRESS 5973 Foxhollow Dr
4.4 CITY-ST-ZIP Winter Haven, FL 33884

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME Thomas P. Coyle
5.3 STREET ADDRESS 765 Mandarin St
5.4 CITY-ST-ZIP Merritt Island, FL 32953

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 REQUIRED

CR2E037 (4/97)