# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 09, 2004 8:00 am**
**Secretary of State**
02-09-2004 90042 040 ****70.00

DOCUMENT # N94000001621

1. Entity Name
FLORIDA JUNIOR CHAMBER OF COMMERCE DISASTER RELIEF FOUNDATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2000 N. GILMORE AVE.<br>LAKELAND, FL 33805 | 2000 N. GILMORE AVE.<br>LAKELAND, FL 33805 |

01222004 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 59-3218872 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| RUSSO, SUZANNE<br>4407 YORKSHIRE DR<br>MELBOURNE, FL 32935 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>EBBITT, DONALD<br>PO BOX 991<br>KEY WEST, FL 33041 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VICE PRESIDENT<br>THOMAS G. SHEARER<br>PO BOX 361151<br>MELBOURNE, FL 32936-1151 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>HITE, KAREN<br>5335 OSCEOLA DR.<br>SAINT CLOUD, FL 34773 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TREASURER/VICE PRESIDENT<br>KAREN HITE<br>5335 OSCEOLA DR.<br>ST. CLOUD, FL 34773 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>KUNTZ, BOB<br>918 SOUTH PARK CT.<br>KISSIMMEE, FL 34741 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>PETTY, BARBARA<br>5973 FOXHOLLOW DRIVE<br>WINTER HAVEN, FL 33884 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SECRETARY<br>CHRISSY STEVENSON<br>PO BOX 361151<br>MELBOURNE, FL 32936-1151 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>RUSSO, RICHARD<br>4407 YORKSHIRE DRIVE<br>MELBOURNE, FL 32935 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIRECTOR<br>RICHARD RUSSO<br>4407 YORKSHIRE DR<br>MELBOURNE, FL 32935 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>RUSSO, SUZANNE<br>4407 YORKSHIRE DRIVE<br>MELBOURNE, FL 32935 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PRESIDENT<br>SUZANNE RUSSO<br>4407 YORKSHIRE DR<br>MELBOURNE, FL 32935 | ☒ Change ☐ Addition |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Suzanne M. Russo Suzanne M. Russo 2/3/04 321-403-0370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #