

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N95000002427 (1)**

1. Corporation Name

LABELLE JAYCEES, INC.



Principal Place of Business

Mailing Address

**100 JAYCEE LIONS DRIVE
LABELLE FL 33935**

**100 JAYCEE LIONS DRIVE
LABELLE FL 33935**

3. Date incorporated or Qualified

05/18/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **P.O. BOX 1132**

22 City & State

27 Suite, Apt. #, etc.
28 **LABELLE, FLA 33935**

23 Zip Country

29 **33935** **30** **HENDRY**

4. FEI Number

59-3318145

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LUCKEY, OWEN L JR
110 NORTH MAIN ST.
LABELLE FL 33935**

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 **PEACOCK, CONNIE**
STREET ADDRESS **P.O. BOX 2561 N/A**
CITY-ST-ZIP **LABELLE FL 33935**

TITLE **D** ☐ DELETE
NAME **WOOSLEY, LARRY**
STREET ADDRESS **4037 S. EDGEWATER**
CITY-ST-ZIP **LABELLE FL 33935**

TITLE **D** ☒ DELETE
NAME **WHITE, SCOTT**
STREET ADDRESS **LINCOLN AVE.**
CITY-ST-ZIP **LABELLE FL 33935**

TITLE **D** ☒ DELETE
NAME **MCKINNEY, DAVE**
STREET ADDRESS **P.O. BOX 612 N/A**
CITY-ST-ZIP **LABELLE FL 33935**

TITLE **D** ☐ DELETE
NAME **LANGFORD, TRACY**
STREET ADDRESS **P.O. BOX 608 N/A**
CITY-ST-ZIP **LABELLE FL 33935**

TITLE **D** ☒ DELETE
NAME **HARRIS-WHITE, KIM**
STREET ADDRESS **LINCOLN AVENUE**
CITY-ST-ZIP **LABELLE FL 33935**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

12 NAME **PRES**
13 STREET ADDRESS **JOHN MERRITT**
14 CITY-ST-ZIP **RT 1 BOX 115**
IMMOKALEE, FLORIDA

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **TREASURER**
3.3 STREET ADDRESS **SANDRA D LAMONS**
3.4 CITY-ST-ZIP **415 W. 8TH AVENUE**
LABELLE, FLORIDA 33935

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **D**
4.3 STREET ADDRESS **SHAWN SMAHA**
4.4 CITY-ST-ZIP **415 W. 8TH AVENUE**
LABELLE, FLA 33935

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME **D**
6.3 STREET ADDRESS **BRYAN HARRISON**
6.4 CITY-ST-ZIP **9 OXBOW DRIVE**
LABELLE, FLORIDA 33935

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:

Sandra D. Lamons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SANDRA D. LAMONS - TREASURER 941-675-6930

Date

Daytime Phone #

CR2E037 (3/96)