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Jul 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000002427 (1)**

1. Corporation Name

LABELLE JAYCEES, INC.



Principal Place of Business	Mailing Address
100 JAYCEE LIONS DRIVE LABELLE FL 33935	P.O. BOX 1132 LABELLE FL 33935 US

3. Date Incorporated or Qualified	05/18/1995
4. FEI Number	59-3318145
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 PO Box 1132
22 City & State	27 Suite, Apt. #, etc.
23 City & State	28 LABELLE, FL
24 Zip	29 33975
25 Country	30 US

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	
LUCKEY, OWEN L JR 110 NORTH MAIN ST. LABELLE FL 33935	

10. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	JOHN MERRITT
STREET ADDRESS	RT. 1 BOX 115
CITY-ST-ZIP	IMMOKALEE FL
TITLE	P <input type="checkbox"/> DELETE
NAME	WOOSLEY, LARRY
STREET ADDRESS	4037 S. EDGEWATER
CITY-ST-ZIP	LABELLE FL
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	SANDRA D. LAMONS
STREET ADDRESS	415 W. 8TH AVE.
CITY-ST-ZIP	LABELLE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SHAWN SMAHA
STREET ADDRESS	4020 N. EDWATER CIRCLE
CITY-ST-ZIP	LABELLE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	LANGFORD, TRACY
STREET ADDRESS	P.O. BOX 608 N/A
CITY-ST-ZIP	LABELLE FL 33935
TITLE	D <input type="checkbox"/> DELETE
NAME	BRYAN HARRISON
STREET ADDRESS	9 OXBOW DR.
CITY-ST-ZIP	LABELLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	JOHN MERRITT
13 STREET ADDRESS	RT. 1 BOX 115
14 CITY-ST-ZIP	IMMOKALEE, FL
21 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	LARRY WOOSLEY
23 STREET ADDRESS	4037 S. EDGEWATER
24 CITY-ST-ZIP	LABELLE FL 33935
31 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	BOBBIE S ANDERSON
33 STREET ADDRESS	415 W. 8TH AVE
34 CITY-ST-ZIP	LA BELLE FL 33935
41 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	JENNIFER JAMES
43 STREET ADDRESS	P.O. BOX 1319 103 BRYAN OAKS CT.
44 CITY-ST-ZIP	LABELLE FL 33935
51 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	TRACY MILLER
53 STREET ADDRESS	P.O. BOX 608 4014 TEAK LANE
54 CITY-ST-ZIP	LABELLE FL 33935
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. 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 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: _____

CR2E037 (10/97)