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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002427

1. Corporation Name

LABELLE JAYCEES, INC.

Principal Place of Business

100 JAYCEE LIONS DRIVE
LABELLE FL 33935

Mailing Address

P O BOX 1132
LABELLE FL 33975
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

3. Date incorporated or Qualified

05/18/1995

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME JOHN MERRITT
STREET ADDRESS RT. 1 BOX 115
CITY-ST-ZIP IMMOKALEE FL

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

TITLE S ☒ DELETE
NAME ANDERSON, BOBBIE S
STREET ADDRESS 415 W 8TH AVE
CITY-ST-ZIP LABELLE FL 33935

TITLE T ☒ DELETE
NAME JAMES, JENNIFER
STREET ADDRESS 103 BRYAN OAKS CT
CITY-ST-ZIP LABELLE FL 33935

TITLE P ☐ DELETE
NAME MILLER, TRACY
STREET ADDRESS 4014 TEAK LANE
CITY-ST-ZIP LABELLE FL 33935

TITLE D ☐ DELETE
NAME BRYAN HARRISON
STREET ADDRESS 9 OXBOW DR.
CITY-ST-ZIP LABELLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME MERRITT, JERRI
1.3 STREET ADDRESS RT 1 BOX 115
1.4 CITY-ST-ZIP IMMOKALEE FL

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME WOOSLEY, ELLEN
2.3 STREET ADDRESS 4037 S. EDGEWATER
2.4 CITY-ST-ZIP LABELLE FL 33935

3.1 TITLE S ☐ Change ☒ Addition
3.2 NAME ORLINSKI, MELINDA-B
3.3 STREET ADDRESS 100 JAYCEE LIONS DR
3.4 CITY-ST-ZIP LABELLE FL 33935

4.1 TITLE D ☒ Change ☐ Addition
4.2 NAME MILLER, TRACY
4.3 STREET ADDRESS 4014 TEAK LN
4.4 CITY-ST-ZIP LABELLE FL 33935

5.1 TITLE P ☐ Change ☒ Addition
5.2 NAME ORLINSKI, JAMES, JR.
5.3 STREET ADDRESS 100 JAYCEE LIONS DR
5.4 CITY-ST-ZIP LABELLE FL 33935

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)