

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2004 8:00 am
Secretary of State

08-31-2004 90003 022 ****61.25

DOCUMENT # N95000002427

1. Entity 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**

54071028



08152004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3318145

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MERRITT, JERRI
STREET ADDRESS	RT. 1 BOX 115
CITY-ST-ZIP	IMMOKALEE, FL
TITLE	Pres <i>Pres</i>
NAME	WOOSLEY, ELLEN <i>Cathryn Miller</i>
STREET ADDRESS	4037 G EDGEWATER <i>415 E. Thompson Ave</i>
CITY-ST-ZIP	LABELLE, FL 33935
TITLE	S
NAME	ORLINSKI, MELINDA B
STREET ADDRESS	5001 NW TRADEWIND CIR
CITY-ST-ZIP	LABELLE, FL 33935
TITLE	D
NAME	WOOSLEY, SHANNON <i>Ashley Murray</i>
STREET ADDRESS	5001 ORISPO CIR <i>330 Hwy 80 W</i>
CITY-ST-ZIP	LABELLE, FL 33935
TITLE	D
NAME	TRADWELL, LOMA <i>Tracy Miller</i>
STREET ADDRESS	100 JAYCEE LIONS DR
CITY-ST-ZIP	LABELLE, FL 33935
TITLE	T
NAME	WHITE, KIM-HARRIS
STREET ADDRESS	P.O. BOX 1132
CITY-ST-ZIP	LA BELLE, FL 33975

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IN THIS SPACE**

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: *MRB Orlinski* **8-27-04** **863-675-11686**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #