


FILE NOW: FILING FEE IS \$61.25

FILED

Jul 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000000382 (9)**  
1. Corporation Name

**THE NEW ORANGE CITY JAYCEES INC.**



Principal Place of Business <b>P.O. BOX 741273 ORANGE CITY FL 32763</b>	Mailing Address <b>P.O. BOX 741273 ORANGE CITY FL 32763</b>
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3. Date Incorporated or Qualified

**01/23/1996**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

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

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RUDOLPH, DAVID  
1451 10TH ST.  
ORANGE CITY FL 32763**

81 Name	<b>Steve Taylor</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>2440 Spring Hollow Rd</b>
83 City	<b>Orange City, FL</b>
84 Zip Code	<b>FL 32763</b>

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

*Steve Taylor*  
Signature, typed or printed name of registered agent and title if applicable.

**President**

(NOTE: Registered Agent signature required when reinstating)

**7/2/98**  
DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>DVP</b>	<input type="checkbox"/> DELETE
NAME	<b>JOHNS, BEN</b>	
STREET ADDRESS	<b>1451 10TH ST.</b>	
CITY-ST-ZIP	<b>ORANGE CITY FL 32724</b>	
TITLE	<b>DVP</b>	<input type="checkbox"/> DELETE
NAME	<b>ALLGOOD, MATT</b>	
STREET ADDRESS	<b>625 SWARTHMORE RD.</b>	
CITY-ST-ZIP	<b>DELAND FL 32763</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ALLBACK, JEFF</b>	
STREET ADDRESS	<b>1182 W. HOLLY DR.</b>	
CITY-ST-ZIP	<b>ORANGE CITY FL 32763</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>DVP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Jeff Allebach</b>	
1.3 STREET ADDRESS	<b>1182 W. Holly Dr</b>	
1.4 CITY-ST-ZIP	<b>Orange City, FL 32763</b>	
2.1 TITLE	<b>DVP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Wally Blanchard</b>	
2.3 STREET ADDRESS	<b>335 S. Sparkman Av</b>	
2.4 CITY-ST-ZIP	<b>Orange City, FL 32763</b>	
3.1 TITLE	<b>DVP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Chris Walters</b>	
3.3 STREET ADDRESS	<b>1624 Alloway Av</b>	
3.4 CITY-ST-ZIP	<b>Deltona, FL 32738</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

*Steve Taylor*  
**Steve Taylor** 5/9/98/10/225-8250

CPRE007 (10/97)