

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90020 019 ****61.25

DOCUMENT # N96000005976

1. Corporation Name

PALM AIRE JAYCEES, INC.

Principal Place of Business

2549 ROSE ST
SARASOTA FL 34239-5429

Mailing Address

P.O. BOX 187
SARASOTA FL 34230



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

11/18/1996

4. FEI Number

65-0531536

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

TOWERY, JERREL E
333 S TAMIAMI TRAIL
SUITE 291
SARASOTA FL 34285

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DV ☐ DELETE
NAME AITKEN, VICTORIA
STREET ADDRESS 2549 ROSE ST
CITY-ST-ZIP SARASOTA FL 34239-5429

TITLE DP ☐ DELETE
NAME MEESIT, MARIA
STREET ADDRESS 3232 RIVIERA DR
CITY-ST-ZIP SARASOTA FL 34232

TITLE DT ☐ DELETE
NAME SCHEICHER, TROY
STREET ADDRESS 5845 PAUMA PL
CITY-ST-ZIP SARASOTA FL 34243

TITLE DS ☒ DELETE
NAME ENRIGHT, MAVE
STREET ADDRESS 2115 IVY PL
CITY-ST-ZIP SARASOTA FL 34235

TITLE DV ☐ DELETE
NAME HYMAN, CHERYL
STREET ADDRESS 1837 ROBINHOOD
CITY-ST-ZIP SARASOTA FL 34231

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME *President*
4.3 STREET ADDRESS *Shawn Dougherty*
4.4 CITY-ST-ZIP *3810 75th Ave E
Sarasota, FL 34243*

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
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:

Shawn Dougherty
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/99
Date

941 504 3678
Daytime Phone #

CR2E037 (11/98)