

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004491

FILED
May 01, 2009
Secretary of State

Entity Name: FORT WALTON BEACH JAYCEES FOUNDATION, INC.

Current Principal Place of Business:

8 INDUSTRIAL STREET
FT. WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 722
FT. WALTON BEACH, FL 32549

New Mailing Address:

FEI Number: 59-3522061 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CARTER, SHERRY
106 DOODLE AVENUE
FT. WALTON BEACH, FL 32548 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CRAWFORD, MIKE
Address: 707 AVE DU FOUTANE BLEAU
City-St-Zip: MARY ESTHER, FL 32596 US

Title: DT () Delete
Name: MOORE, KAMA
Address: 8 WEDGEWOOD LANE
City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: DP () Delete
Name: HALEY, DEANNA
Address: 48 SNOOK ROAD
City-St-Zip: FORT WALTON BEACH, FL 32569 US

Title: D () Delete
Name: ADAMS, KATHY
Address: 8 WEDGEWOOD LANE
City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: DP () Delete
Name: CARTER, SHERRY
Address: 106 DOODLE AVENUE
City-St-Zip: FORT WALTON BEACH, FL 32547 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HALEY, DEANNA
Address: 48 SNOOK ROAD
City-St-Zip: FORT WALTON BEACH, FL 32569 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERRY CARTER

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date