

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # N98000005303

1. Corporation Name

THE JAYCEES OF CHARLOTTE COUNTY, INC.

Principal Place of Business

115 WEST OLYMPIA AVENUE  
PUNTA GORDA FL 33950

Mailing Address

POST OFFICE BOX 8053  
PORT CHARLOTTE FL 33949

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

09/16/1998

4. FEI Number

65-0853642

Applied For

Not Applicable

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

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

9. Name and Address of Current Registered Agent

LILLY, SCOTT  
115 WEST OLYMPIA AVENUE  
PUNTA GORDA FL 33950

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 |                         | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------------|---|---|
| TITLE                      | PD                      | <input type="checkbox"/> DELETE                       | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | Dwyer, Robert           |   | 1.2 NAME  |
| STREET ADDRESS             | 1881 W MARION AVENUE    |   | 1.3 STREET ADDRESS  |
| CITY-ST-ZIP                | PUNTA GORDA FL 33950    |   | 1.4 CITY-ST-ZIP   |
| TITLE                      | VD                      | <input type="checkbox"/> DELETE                       | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | Santiago, Victor        |   | 2.2 NAME  |
| STREET ADDRESS             | 201 ROBINA STREET       |   | 2.3 STREET ADDRESS  |
| CITY-ST-ZIP                | PORT CHARLOTTE FL 33954 |   | 2.4 CITY-ST-ZIP   |
| TITLE                      | VD                      | <input type="checkbox"/> DELETE                       | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | Lilly, Scott            |   | 3.2 NAME  |
| STREET ADDRESS             | 513 W MARION AVENUE     |   | 3.3 STREET ADDRESS  |
| CITY-ST-ZIP                | PUNTA GORDA FL 33950    |   | 3.4 CITY-ST-ZIP   |
| TITLE                      | V                       | <input checked="" type="checkbox"/> DELETE            | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | Desotin, Cynthia        |   | 4.2 NAME  |
| STREET ADDRESS             | 115 WEST OLYMPIA AVENUE |   | 4.3 STREET ADDRESS  |
| CITY-ST-ZIP                | PUNTA GORDA FL 33950    |   | 4.4 CITY-ST-ZIP   |
| TITLE                      | STD                     | <input type="checkbox"/> DELETE                       | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | Ingels, Kristine        |   | 5.2 NAME  |
| STREET ADDRESS             | 27359 DEEP CREEK BLVD.  |   | 5.3 STREET ADDRESS  |
| CITY-ST-ZIP                | PUNTA GORDA FL 33983    |   | 5.4 CITY-ST-ZIP   |
| TITLE                      | D                       | <input type="checkbox"/> DELETE                       | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | Loche, Eric             |   | 6.2 NAME  |
| STREET ADDRESS             | 3456 AUDETTE STREET     |   | 6.3 STREET ADDRESS  |
| CITY-ST-ZIP                | PORT CHARLOTTE FL 33948 |   | 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 REQUIRED SANTIAGO

4/28/99

941-625-0706

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)