

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
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90153 018 ****61.25

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.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

LILLY, SCOTT
115 WEST OLYMPIA AVENUE
PUNTA GORDA FL 33950

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 PD ☐ DELETE

NAME DWYER, ROBERT
STREET ADDRESS 1881 W MARION AVENUE
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE VD ☐ DELETE

NAME SANTIAGO, VICTOR
STREET ADDRESS 201 ROBINA STREET
CITY-ST-ZIP PORT CHARLOTTE FL 33954

TITLE VD ☐ DELETE

NAME LILLY, SCOTT
STREET ADDRESS 513 W MARION AVENUE
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE ~~V~~ ☒ DELETE

NAME ~~DESQUIN, CYNTHIA~~
STREET ADDRESS ~~115 WEST OLYMPIA AVENUE~~
CITY-ST-ZIP ~~PUNTA GORDA FL 33950~~

TITLE STD ☐ DELETE

NAME INGELS, KRISTINE
STREET ADDRESS 27359 DEEP CREEK BLVD.
CITY-ST-ZIP PUNTA GORDA FL 33983

TITLE D ☐ DELETE

NAME LOCHE, ERIC
STREET ADDRESS 3456 AUDETTE STREET
CITY-ST-ZIP PORT CHARLOTTE FL 33948

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

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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:

SIGNATURE REQUIRED
SANTIAGO

4/28/99

941-625-0706

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)