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FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 749535 (1)

1. Corporation Name

JACKSONVILLE JAGUAR SOCCER CLUB, INC.

Principal Place of Business

Mailing Address

5035 ORTEGA FOREST DR
JACKSONVILLE FL 32210
US

5035 ORTEGA FOREST DR
JACKSONVILLE FL 32210
US

3. Date Incorporated or Qualified

10/29/1979

4. FEI Number

59-2027336

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

Country

28 Zip

Country

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

KORMAN, HOWARD I
4490 SOUTHSIDE BOULEVARD
JACKSONVILLE, FL
32216

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

1.1 TITLE ☐ DELETE

NAME
DVR, BOB
STREET ADDRESS
109 OSPREY RIDGE WAY
CITY-ST-ZIP
PONTE VEDRA BEACH FL

1.2 TITLE ☐ DELETE

NAME
THAYER, BOB
STREET ADDRESS
3200 HOPI PL
CITY-ST-ZIP
JACKSONVILLE FL

1.3 TITLE ☐ DELETE

NAME
KIDD, BOB
STREET ADDRESS
5035 ORTEGA FOREST DR
CITY-ST-ZIP
JACKSONVILLE FL

1.4 TITLE ☒ DELETE

NAME
SHORAKA, RICKI
STREET ADDRESS
5222 GULF COURSE DR
CITY-ST-ZIP
JACKSONVILLE FL

1.5 TITLE ☐ DELETE

NAME
DVR, CASSIE
STREET ADDRESS
109 OSPREY RIDGE WAY
CITY-ST-ZIP
PONTE VEDRA BEACH FL

1.6 TITLE ☐ DELETE

NAME
HOFFMAN, JEFF
STREET ADDRESS
4072 QUARTERHORSE CT
CITY-ST-ZIP
JACKSONVILLE FL

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
445 Neck Rd
Ponte Vedra Bch, FL.

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.

SIGNATURE: Kathleen Dyr

5/5/98

CR2E037 (10/97)