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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 749535

1. Corporation Name

JACKSONVILLE JAGUAR SOCCER CLUB, INC.

Principal Place of Business

5035 ORTEGA FOREST DR
JACKSONVILLE FL 32210
US

Mailing Address

P.O. BOX 16071
JACKSONVILLE FL 32245
US



2. Principal Place of Business

21 8650 Newton Road

Suite, Apt. #, etc.

22 Jacksonville FL 322

City & State

23 32216 USA

Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

10/29/1979

4. FEI Number

59-2027336

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

KORMAN, HOWARD I
4490 SOUTHSIDE BOULEVARD
JACKSONVILLE, FL
32216

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 VD
NAME DYE, BOB
STREET ADDRESS 1145 NECK RD
CITY-ST-ZIP PONTE VERDA BEACH FL

DELETE

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

DELETE

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

DELETE

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

DELETE

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

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VD

COWAN, Carol

11 Lydia Lane

St. Augustine FL 32084

VD

Jones, Karen

8145 Village Gate Court

Jacksonville FL 32217

D

Miller, Allen

11430 Harbour Woods Road S.

Jacksonville FL 32225

S

Kirkendoll, Becky

414 9th Avenue N.

Jacksonville Beach FL 32250

VD

Morgan, Jack

13015 Hunt Club Road S

Jacksonville FL 32224

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/15/99

9043596765

CR2E037 (11/98)