2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2006
Secretary of State

DOCUMENT# 749535

Entity Name: JACKSONVILLE JAGUAR SOCCER CLUB, INC.

Current Principal Place of Business:

8650 NEWTON RD
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 16071
JACKSONVILLE, FL 32245 US

New Mailing Address:

FEI Number: 59-2027336 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KORMAN, HOWARD I
4490 SOUTHSIDE BOULEVARD
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

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	(X) Delete
Name:	BLOOM, MALCOLM	
Address:	2966 MANDORIN HOLLOW DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32257	
Title:	D	( ) Delete
Name:	PADELSKEY, STEPHANIE	
Address:	3072 ROBERT SCOTT RD	
City-St-Zip:	JACKSONVILLE, FL 32207	
Title:	T	( ) Delete
Name:	WILLIAMS, MICHAEL J	
Address:	13012 BIGGIN CHURCH RD S	
City-St-Zip:	JACKSONVILLE, FL 32224	
Title:	S	( ) Delete
Name:	LAVALLEE, KATHY	
Address:	9553 BEAUCLERC COVE RD	
City-St-Zip:	JACKSONVILLE, FL 32257	
Title:	P	( ) Delete
Name:	KINNEY, ELIZABETH	
Address:	10771 PACER CT	
City-St-Zip:	JACKSONVILLE, FL 32257	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: MICHAEL J WILLIAMS TREA 01/05/2006

Electronic Signature of Signing Officer or Director — Date