## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 755197** 

Entity Name: THE JACKSONVILLE SEMINOLE BOOSTERS, INC.

FILED May 02, 2004 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
5911 ARLIN JACKSONV	IGTON RD. /ILLE, FL 3221	1 US					
Current Mailing Address:				New Mailing Address:			
P.O. BOX 8036 JACKSONVILLE, FL 322398036							
FEI Number:	59-2053762	FEI Number Applied For ( )	FEI Numb	er Not Applic	cable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New						lew Registered Agent:	
DATRES, MICHAEL C 1824 CORNELL ROAD JACKSONVILLE, FL 32207			2	DATRES, MICHAEL C 2859 CASA DEL RIO TERRACE JACKSONVILLE, FL 32257			
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:				05/02/2004			
	Electronic	Signature of Registered Agent	•			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D ()[ EDMISTON, JIM 705 DAVIS STRE NEPTUNE BEAC		۱ م	Fitle: Name: Address: Dity-St-Zip:	( )	) Change ()Addition	
Title: Name: Address: City-St-Zip:	D ()[ HALLORAN, MIK 111 RIVERSIDE JACKSONVILLE,	AVE STE 210	۸ م	Fitle: Name: Address: Dity-St-Zip:	()	) Change()Addition	
Title: Name: Address: City-St-Zip:	MILONAS, TAMIV	FLY LANE NORTH	/ A		MILONAS, MICI	NFLY LANE NORTH	
Title: Name: Address: City-St-Zip:	SD ()ENEPUTE, PAT 12456 HATTON OF JACKSONVILLE,		۱ م		VD (X) ABRAHAM, LEV 2912 SANS PAI JACKSONVILLI	REIL ST.	
Title: Name: Address: City-St-Zip:	TD () [ DATRES, MICHA 1827 CORNELL JACKSONVILLE,	RD	۸ م	Title: Name: Address: Dity-St-Zip:	DATRES, MICH	L RIO TERRACE	
Title: Name: Address: City-St-Zip:	VD ()[ BOOTH, ROBER 8138 BAHIA BLA JACKSONVILLE,	NCA ST.	۸ م	Fitle: Name: Address: Dity-St-Zip:	PD (X) BOOTH, ROBE 8138 BAHIA BL JACKSONVILLI	ANCA ST.	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 DATRES TD 05/02/2004