

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755197

FILED
Apr 10, 2008
Secretary of State

Entity Name: THE JACKSONVILLE SEMINOLE BOOSTERS, INC.

Current Principal Place of Business:

1177 SALT MARSH CIRCLE
PONTE VEDRA BEACH, FL 32082 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 550695
JACKSONVILLE, FL 32255

New Mailing Address:

FEI Number: 59-2053762

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARBEE, WILLIAM R
185 SOUTH FLETCHER AVE
FERNANDINA BEACH, FL 32034 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 () Delete
Name: EDMISTON, JIM
Address: 705 DAVIS STREET
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: PD () Delete
Name: MURRAY, ANDREA
Address: 37287 MANDARIN WOODS DR. N
City-St-Zip: JACKSONVILLE, FL 32223

Title: D () Delete
Name: BOOTH, ROBERT
Address: 8138 BAHIA BLANCA STREET
City-St-Zip: JACKSONVILLE, FL 32256

Title: VD () Delete
Name: NEWLYN, DIANA
Address: 1177 SALT MARSH CIRCLE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: DATRES, MICHAEL
Address: 2859 CASA DEL RIO TERRACE
City-St-Zip: JACKSONVILLE, FL 32257

Title: TD () Delete
Name: BARBEE, WILLIAM R
Address: 185 S. FLETCHER AVE
City-St-Zip: FERNANDINA BEACH, FL 32034

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
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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 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: WILLIAM R. BARBEE

TD

04/10/2008

Electronic Signature of Signing Officer or Director

Date