

FILE NOW: FILING FEE IS \$61.25

FILED
May 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000006502 (5)
 1. Corporation Name
THE JACKSONVILLE POP WARNER JUNIOR JAGUARS BOWL, INC.



Principal Place of Business 6847 TANGO LANE N JACKSONVILLE FL 32210	Mailing Address 6847 TANGO LANE N. JACKSONVILLE FL 32210
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3. Date Incorporated or Qualified 11/17/1997	
4. FEI Number 59-347 6024	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent CONNORS, DENNIS B 6847 TANGO LANE N. JACKSONVILLE FL 32210	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNORS, DENNIS B	1.2 NAME	
STREET ADDRESS	6847 TANGO LANE N.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISGETTE, HAROLD	2.2 NAME	
STREET ADDRESS	11269 CLOVERHILL ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32257	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, RODGER	3.2 NAME	
STREET ADDRESS	10000 GATE PKWY. #1015	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32246	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TWIGG, ROBERT	4.2 NAME	
STREET ADDRESS	4983 LOSCO ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32257	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSCHELLA, DIANE	5.2 NAME	
STREET ADDRESS	1193 KNOLL DR. W.	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32221	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, JON	6.2 NAME	
STREET ADDRESS	586 MIDDLETOWN BLVD. C-100	6.3 STREET ADDRESS	
CITY-ST-ZIP	LANGHOM PA 19047	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: *Dennis B. Connors* **DENNIS B. CONNORS** 5/24/98 (904) 771-1230

CR2E037 (10/97)