FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # N9700006502

THE JACKSONVILLE POP WARNER JUNIOR JAGUARS BOWL, INC.

Principal Place of Business

City & State

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Mailing Address

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City & State

FILED Mar 10, 1999 8:00 am § Secretary of State

03-10-1999 90009 008 ****61.25

CARROLLES ATO ABOUT 18844 MAIST BUSIN ABOUT SERVIC BUILD BIRT GERT CHAIL FIRM

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

47 TANGO LANE N. CKSONVILLE FL 32210	5847 IANGO LANE N. JACKSONVILLE FL 32210			
Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed 11/17/1997	,	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For	
— ,	27	59-3476024	Not Applicable	

Country \$5.00 May Be Country Zip 6. Election Campaign Financing Zio Added to Fees 30 Trust Fund Contribution 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent CONNORS, DENNIS B Street Address (P.O. Box Number is Not Acceptable) 6847 TANGO LANE N. 83 JACKSONVILLE FL 32210

85 Zip Code 84 City 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 a	m familiar with, and accept the obligations of, S	ection 617.0503, Florid	da Statutes.			
SIGNATURE	Signature, typed or printed name of registered agent and title if a	nviicable (NOTE: F	Registered Agent signature required	(when reinstating)	DATE	\
12.	Signature, typed or printed name or registered agent and tide if applicable. (NOTE:		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		DELETE	1.1 TITLE		Change	Addition
NAME	ONINODE DENNIE B		1.2 NAME			
	CONNORS, DENNIS B		1.3 STREET ADDRESS			
STREET ADDRESS						
CITY-ST-ZIP	JACKSONVILLE FL 32210	[] per exe	1.4 CITY-ST-ZIP		Change	Addition
TITLE	D	☐ DELETE	2.1 TITLE		☐ criarige	Addition
NAME	ISGETTE, HAROLD		2.2 NAME			
STREET ADDRESS	11269 CLOVERHILL ST.		2.3 STREET ADDRESS	~		.i
CITY-ST-ZIP	JACKSONVILLE FL 32257		2.4 CITY-ST-ZIP			57. 4.489
TITLE	D	☐ DELETE	3.1 TITLE		Change	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	D	☐ DELETE	4.1 TTLE		☐ Change	Addition
NAME	TWIGG, ROBERT		4. 2 NAME			:
STREET ADDRESS	4963 LOSCO ROAD		4.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32257		4.4 CITY-ST-ZIP			
TITLE	D	DELETE	5.1 TITLE		Change	☐ 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	D	☐ DELETE	6.1 TITLE	•	☐ Change	Addition Addition
NAME	BUTLER, JON		6.2 NAME	·		
STREET ADDRESS	l a		6.3 STREET ADDRESS			
	LANCHONE DA 40047		64 CITY-ST-ZIP			

<u>| LANGHOME PA 1904/</u> 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 supplier ental annual eport 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 of my steep empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in officer or director of the corporation Block 12 or Block 13 if changed, or

SIGNATURE: