

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000006502



1. Entity 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**



01122004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3476024** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CONNORS, DENNIS B
 6847 TANGO LANE N.
 JACKSONVILLE, FL 32210**

**DO NOT WRITE
 IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: D
 NAME: CONNORS, DENNIS B
 STREET ADDRESS: 6847 TANGO LANE N.
 CITY-ST-ZIP: JACKSONVILLE, FL 32210

TITLE: D
 NAME: NEWMAN, EARL
 STREET ADDRESS: 1350 NORTH DEGROVE ROAD
 CITY-ST-ZIP: JACKSONVILLE, FL 32259

TITLE: D
 NAME: WHITE, RODGER
 STREET ADDRESS: 10000 GATE PKWY. #1015
 CITY-ST-ZIP: JACKSONVILLE, FL 32246

TITLE: D
 NAME: ALFORD, M. DUANE
 STREET ADDRESS: 5724 CRESTVIEW RD
 CITY-ST-ZIP: JACKSONVILLE, FL 32210

TITLE: D
 NAME: MOSCHELLA, DIANE
 STREET ADDRESS: 1193 KNOLL DR. W.
 CITY-ST-ZIP: JACKSONVILLE, FL 32221

TITLE: D
 NAME: BUTLER, JON
 STREET ADDRESS: 586 MIDDLETOWN BLVD. C-100
 CITY-ST-ZIP: LANGHOM, PA 19047

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 01/15/04-80039-023 61.25

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 IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

M. Duane Alford
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-10-2004

Daytime Phone #

904-786-8591