

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # 734262 (9)
 1. Corporation Name
GREATER JACKSONVILLE POP WARNER FOOTBALL CONFERENCE, INC.



Principal Place of Business 851 N. MARKET ST. JACKSONVILLE FL 32202-2742	Mailing Address 851 N. MARKET ST. JACKSONVILLE FL 32202-2742
--------------------------------------------------------------------------------	--------------------------------------------------------------------

3. Date Incorporated or Qualified 11/05/1975		
4. FEI Number 59-2943927	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

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	

9. Name and Address of Current Registered Agent

KELLY, JOHN W.
851 N. MARKET ST.
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	85. Zip Code

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 _____ (NOTE: Registered Agent signature required when relating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	JEFFORDS, KEN
STREET ADDRESS	6024 BLANK DRIVE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	S <input type="checkbox"/> DELETE
NAME	ANDERSON, DON
STREET ADDRESS	14045 LALUNA CIRCLE NORTH
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	TATUM, MICHAEL J.
STREET ADDRESS	11510 HOBART BV
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	CONNORS, DENNIS
STREET ADDRESS	6847 TANGO LN. N.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	KELLY, JOHN W.
STREET ADDRESS	851 N. MARKET ST.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	VBA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jim Suber
1.3 STREET ADDRESS	12846 WANDA LN.
1.4 CITY-ST-ZIP	JACKSONVILLE FL
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CONNORS, DENNIS
4.3 STREET ADDRESS	6847 TANGO LN. N.
4.4 CITY-ST-ZIP	JACKSONVILLE FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Michael Tatum* **Michael Tatum** 3-2-98 (904)630-1449

CR2E037 (10/97)