

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:53**

DOCUMENT # 737774 (0)

1. Corporation Name

JACKSONVILLE COMMODORES LEAGUE, INC.

Principal Place of Business

Mailing Address

% MR. JAMES A. IRWIN
1925 WOODLEIGH DR. W.
JACKSONVILLE FL 32211

% MR. JAMES A. IRWIN
1925 WOODLEIGH DR. W.
JACKSONVILLE FL 32211

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

01/10/1977

3a. Date of Last Report

03/08/1994

4. FEI Number

59-1804893

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

IRWIN, JAMES A.
1925 WOODLEIGH DR. W.
JACKSONVILLE FL 32211

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: D
NAME: NIGHTINGALE, DOWNING JR.
STREET ADDRESS: 109 PABLO POINT DRIVE
CITY - ST - ZIP: JACKSONVILLE FL

1.1 TITLE: *Director* JOSEPH S. HASBANI M.D. Change Addition
1.2 NAME: 3599 UNIVERSITY BLVD SOUTH
1.3 STREET ADDRESS: JACKSONVILLE FL 32214
1.4 CITY - ST - ZIP: JACKSONVILLE FL 32214

TITLE: D
NAME: LOVEJOY, JOHN F. JR.
STREET ADDRESS: 4203 BELFORT ROAD #215
CITY - ST - ZIP: JACKSONVILLE FL

2.1 TITLE: *Director* RICHARD S. LUDLOW Change Addition
2.2 NAME: P O BOX 2080
2.3 STREET ADDRESS: JACKSONVILLE FL 32231-0005
2.4 CITY - ST - ZIP: JACKSONVILLE FL 32231-0005

TITLE: D
NAME: MCWAYNE, JAMES
STREET ADDRESS: 109 PABLO POINT DRIVE
CITY - ST - ZIP: JACKSONVILLE FL

3.1 TITLE: Change Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY - ST - ZIP:

TITLE: *D*
NAME: COLEMAN, JOSEPH L.
STREET ADDRESS: 5141 SANTA CRUZ LANE
CITY - ST - ZIP: JACKSONVILLE FL

4.1 TITLE: *Director* Change Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY - ST - ZIP:

TITLE: *S*
NAME: SIEGEL, PETER V.
STREET ADDRESS: 4965 ORTEGA BLVD.
CITY - ST - ZIP: JACKSONVILLE FL

5.1 TITLE: *Director* Change Addition
5.2 NAME: JERRY D. EVANS SR
5.3 STREET ADDRESS: 4724 LONG HOLLOW
5.4 CITY - ST - ZIP: JACKSONVILLE FL 32210

TITLE: *Treasurer*
NAME: IRWIN, JAMES A.
STREET ADDRESS: 1925 WOODLEIGH DRIVE W.
CITY - ST - ZIP: JACKSONVILLE FL

6.1 TITLE: Change Addition
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY - ST - ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 trustee 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:

TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date

(Type in Here)

JAMES A IRWIN TREASURER

3-77-95 (904) 7246575