

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

3. Date Incorporated or Qualified
01/10/1977

3a. Date of Last Report
04/11/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1804893

Applied For

Not Applicable

Suite, Apt #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

81 Name

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

83

84 City

FL 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME HASPANI, JOSEPH S.
STREET ADDRESS 3099 UNIV BLVD S
CITY-ST-ZIP JACKSONVILLE FL

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE D DELETE
NAME LUDLOW, RICHARD S.
STREET ADDRESS PO BOX 2080 N/A
CITY-ST-ZIP JACKSONVILLE FL

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

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

31 TITLE Change Addition
32 NAME JACK H. QUARITINS
33 STREET ADDRESS 2729 HOLLY POINT RD E
34 CITY-ST-ZIP ORANGE PARK, FL 32073

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

41 TITLE Change Addition
42 NAME B. WILLIAM NASH, JR
43 STREET ADDRESS 759 RIVER SIDE E
44 CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE S DELETE
NAME EVANS, JERRY B.
STREET ADDRESS 4724 LONGBOW
CITY-ST-ZIP JACKSONVILLE FL

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS 400001789894
54 CITY-ST-ZIP -04/23/96--01013--024

TITLE T DELETE
NAME IRWIN, JAMES A.
STREET ADDRESS 1925 WOODLEIGH DRIVE W.
CITY-ST-ZIP JACKSONVILLE FL

61 TITLE ***61.25
62 NAME
63 STREET ADDRESS
64 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #

James A. Irwin James A IRWIN 4-15-96 (904) 246-5225

CR2E037 (12/95)