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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Apr 04 1997 8:00am

Secretary of State

Sandra B. Mbrtham Secretary or State

DIVISION OF CORPORATIONS

DOCUMENT # 737774

(0)

JACKSONVILLE COMMODORES LEAGUE, INC.

Principal Place of Business				Mailing Address					1 1001H 10000 71fff 1001 100H 100H	BIOL DIBAL SI	BIT WORTH WICHT RINGS GINST INNE		
% MR. JAMES A. IRWIN 1925 WOODLEIGH DR. W. JACKSONVILLE FL 32211			% MR. JAMES A. IRWIN 1925 WOODLEIGH DR. W. JACKSONVILLE FL 32211-4954										
								8	 Date Incorporated or Qualified 01/10/1977 	3a. [Date of Last Report 04/22/1996		
2. Principal P	lace of Busine	2a. Mailing Address				4	. FEI Number		Applied For				
21			26					59-1804893		Not Applicable			
Suite, Apl.			Suite, Apt. #, etc.				5	. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State			City & State				6	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip		Country	Zi	р	Cour	ntry		8	. This corporation has liability for	r intangib			
24	25 29			30				Florida Statutes Yes No					
	9. Name a	nd Address of Curren	t Register	ed Agent				10	. Name and Address of New I	teglaterec	Agent		
					ŀ	B1	Name						
IRWIN, JAMES A. 1925_WOODLEIGH DR. W.						B2	Street Add	ddress (ress (P.O. Box Number is Not Acceptable)				
	47(LE FL 32					B3							
•	4	чен			1	84	City			FI	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 fantilities with, and accept the obligations of Section 617.0503, Florida Statutes.													
agent. ra SiGNATURE	X-0	Vm. //.	1/1	win.	Jan	h A	£5A.	1. 16	ZWIW	<u>\ </u>	21-97		
12,	Signatury, typod or	printed name of registered age OFFICERS AND			E.: Registered	Age	nt signature req	iquired whi	en reinetating) ADDITIONS/CHANGES TO OFI	DAYE	ID DIRECTORS IN 12		
TITLE	1	OTTIOLIIO AIN	Directe	DELETE	1.1 TIT	LE	17	D	ADDITIONO/OFFAIGLE TO OFF	-	Change Addition		
NAME		JOSEPH S.		 -	1.2 NA		ָּל	HA	SPANI JUSE PH	5,			
STREET ADDRESS	3099 UNIV			_	1.3 ST	REET	ADDRESS	363	IG UNIVERSITY BI	NOS			
CITY-ST-ZIP	JACKSON	VILLE FL			1.4 CH	Y-\$1	T-ZIP A	10	LKSON ILIGHTS	CL	-372/6		
TITLE	D		1	DELETE	2.1 TIT	LE	\mathcal{D}	je	SASSIZE	ζ.	Change Addition		
NAME		RICHARD S.	(2.2 NA			471	ERSAN JAANT	VE			
STREET ADDRESS	PO BOX 2	•					ADDRESS	7.	200	132	310,		
CITY-ST-ZIP TITLE	JACKSON	VILLE PL		DELETE	2.4 CI		Y-ZIP	N B	LUSON A IT PIET		Change Addition		
NAME	TUARITIN	S FACK H		C DECENT	3.1 TIT 3.2 NA			$Q_{\alpha \beta \beta}$	APITIUS JAC	12 14	RS CHANGE TO MUNICIPAL		
STREET ADDRESS		LY PT. RD E					ADDRESS 2	200	ARITIUS JAC	JT R	OB		
CITY-ST-ZIP		PARK FL 32073			3.4. CI			RO	NICE DARK	2)	•		
TITLE	D	, , , , , , , , , , , , , , , , , , , ,		DELETE	4.1 T(T		····	CASA O			☐ Change ☐ Addition		
NAME	NASH, WII	LIAM			4.2 N	AME		NA	SH. WILLIAM		1		
STREET ADDRESS	2519 RIVE				4.3 ST	REET	ADDRESS	2.7	AbNBRSOR		/ ,		
CITY-ST-ZIP	JACKSON	VILLE FL 32204			4,4 CIT	[Y-S	Y-ZIP	14	COSSANUILI	F-L	32204		
TITLE	SAT	al		DELETE	5.1 TIT	LE		54	7	• •	Change Addition		
NAME	EVANS, JE	RRY B. A. Th.			5.2 NA	ME	'	EV	ANS, JEISKY,	25/	ń		
STREET ADDRESS	4724 LON				5.3 ST	REET	ADDRESS	47	ry LONGOSON	PA	0.03277		
CITY-ST-ZIP	JACKSON'	VILLE FL		MI Serese			T-ZIP	1 1	14'44SONVIVL	12 F	Li Change III		
TITLE	IDNAMAL AAA	UTO A		DELETE	6.1 TIT	4		TH	MUTHY D. GASI	(+N	Change Addition		
NAME STOREY ADDRESS	IRWIN, JAI				6.2 NA		Y 1 /	Dn.	100x 1020a				
STREET ADDRESS	JACKSON	DLEIGH DRIVE W.					ADDRESS	1	CKENDINEZI	3724	10001100		
City-St-ZiP 14. I do hereb			with this	Vine does not quali	6.4 CII			ited in S					
informatio I am an o	n indicated or flicer or direct	this innual report or s or of the corporation or	upplemen the receiv	al annual report is i er or trustee empoy	true and a vered to e	XBC	rate and the ute this rep	hat my i	ection 1 9.07(3)(i), Florida Statu signature shall have the same le required by Chapter 617, Florida	gal effect Statutes;	as if made under cath; that and that my name		

I am an officer or director of the appears in Block 12 or Block SIGNATURE: