


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 13 1998 8:00am
Secretary of State

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

DOCUMENT # 737774 (0)
1. Corporation Name
JACKSONVILLE COMMODORES LEAGUE, INC.



| | |
|---|---|
| Principal Place of Business % MR. JAMES A. IRWIN 1925 WOODLEIGH DR. W. JACKSONVILLE FL 32211 | Mailing Address % MR. JAMES A. IRWIN 1925 WOODLEIGH DR. W. JACKSONVILLE FL 32211 |
|---|---|

| | |
|--|--------------------------------|
| 3. Date Incorporated or Qualified 01/10/1977 | |
| 4. FEI Number 59-1804893 | Applied For Not Applicable |
| 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 checked="" 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 checked="" type="checkbox"/> No | |

| | |
|--|---|
| 2. Principal Place of Business 21 % JERRY B. EVANS Suite, Apt. #, etc. 22 4724 LONGBOW City & State 23 JACKSONVILLE, FL Zip 24 32210 Country 25 U.S.A. | 2a. Mailing Address 26 % JERRY B. EVANS Suite, Apt. #, etc. 27 4724 LONGBOW City & State 28 JACKSONVILLE, FL Zip 29 32210 Country 30 U.S.A. |
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9. Name and Address of Current Registered Agent
IRWIN, JAMES A.
1925 WOODLEIGH DR. W.
JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City JACKSONVILLE, FL 85 Zip Code 32210

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 Jerry B. Evans 1/6/98
Signature typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when relistening) DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|--|
| TITLE | D | DELETE <input type="checkbox"/> |
| NAME | HASBANI, JOSEPH S. | |
| STREET ADDRESS | 3099 UNIV BLVD S | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | D | DELETE <input type="checkbox"/> |
| NAME | SASSER, J B J | |
| STREET ADDRESS | 4188 SAN JUAN AVE | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | D | DELETE <input checked="" type="checkbox"/> |
| NAME | QUARITIUS, JACK H | |
| STREET ADDRESS | 2729 HOLLY PT. RD E | |
| CITY-ST-ZIP | ORANGE PARK FL | |
| TITLE | D | DELETE <input type="checkbox"/> |
| NAME | NASH, WILLIAM | |
| STREET ADDRESS | 2519 RIVERSIDE | |
| CITY-ST-ZIP | JACKSONVILLE FL 32204 | |
| TITLE | ST | DELETE <input type="checkbox"/> |
| NAME | EVANS, JERRY B. | |
| STREET ADDRESS | 4724 LONGBOW | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | PT | DELETE <input type="checkbox"/> |
| NAME | GASKIN, TIMOTHY B | |
| STREET ADDRESS | P O BOX 10209 | N/A |
| CITY-ST-ZIP | JACKSONVILLE FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> |
| 1.2 NAME | JOSEPH S. HASBANI |
| 1.3 STREET ADDRESS | 3029 UNIVERSITY BLVD SO. #615. |
| 1.4 CITY-ST-ZIP | JACKSONVILLE FL 32216 |
| 2.1 TITLE | Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> |
| 2.2 NAME | J. B. SASSER. |
| 2.3 STREET ADDRESS | same |
| 2.4 CITY-ST-ZIP | same |
| 3.1 TITLE | Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> |
| 3.2 NAME | BARRY ALLRED, VP |
| 3.3 STREET ADDRESS | P.O. BOX 2396 |
| 3.4 CITY-ST-ZIP | JACKSONVILLE, FL 32209 |
| 4.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 4.2 NAME | No CHANGE |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 5.2 NAME | No CHANGE |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> |
| 6.2 NAME | P only |
| 6.3 STREET ADDRESS | CHANGE TITLE ONLY |
| 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: JERRY B EVANS Jerry B Evans

CR2E037 (10/97)