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**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90146 015 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 737774**

1. Corporation Name

**JACKSONVILLE COMMODORES LEAGUE, INC.**

Principal Place of Business

Mailing Address

C/O JERRY B EVANS  
 4724 LONGBOW RD  
 JACKSONVILLE FL 32210  
 US

C/O JERRY B EVANS  
 4724 LONGBOW RD  
 JACKSONVILLE FL 32210  
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/10/1977	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1804893	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip			
24		29		Country	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
EVANS, JERRY B 4724 LONGBOW RD JACKSONVILLE FL 32210				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 SECRETARY (NOTE: Registered Agent signature required when reinstating) DATE 1-27-99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	HASPANI, JOSEPH S.		1.2 NAME	STEWART IRA			
STREET ADDRESS	3627 UNIVERSITY BLVD S, #615		1.3 STREET ADDRESS	13846 ATLANTIC BLVD			
CITY-ST-ZIP	JACKSONVILLE FL 32218		1.4 CITY-ST-ZIP	JACKSONVILLE FL 32205			
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	SASSER, J B		2.2 NAME	CHUCK MEAD, M.D.			
STREET ADDRESS	4188 SAN JUAN AVE		2.3 STREET ADDRESS	12865 MEAD LANDING CT.			
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32220			
TITLE	VP	<input type="checkbox"/> DELETE	3.1 TITLE	PRESIDENT P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ALLRED, BARRY		3.2 NAME				
STREET ADDRESS	P.O. BOX 2396		3.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32203		3.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	NASH, WILLIAM		4.2 NAME	ED GREY			
STREET ADDRESS	2519 RIVERSIDE		4.3 STREET ADDRESS	9652 BEAULIERE			
CITY-ST-ZIP	JACKSONVILLE FL 32204		4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32257			
TITLE	ST	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	EVANS, JERRY B.		5.2 NAME				
STREET ADDRESS	4724 LONGBOW		5.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP				
TITLE	P	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	GASKIN, TIMOTHY B		6.2 NAME	LONNIE WURD			
STREET ADDRESS	P O BOX 10209		6.3 STREET ADDRESS	6014 SAN JOSE BLVD			
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP	JACKSONVILLE FL 32217			

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, with all other like empowered.

SIGNATURE: JERRY B. EVANS (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE 2/9/99 904 389-3634 (Daytime Phone #)

CRZE037 (11/98)