


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90064 003 ****61.25

DOCUMENT # 737774 1. Entity Name JACKSONVILLE COMMODORES LEAGUE, INC.			
Principal Place of Business 4504 MILSTEAD RD. JACKSONVILLE FL 32210 US		Mailing Address 4504 MILSTEAD RD. JACKSONVILLE FL 32210 US	
2. Principal Place of Business 6665 Grace Lane Suite, Apt. #, etc.		3. Mailing Address 6665 Grace Lane Suite, Apt. #, etc.	
City & State Jacksonville Florida		City & State Jacksonville Florida	
Zip 32205		Zip 32205	
Country		Country	
6. Name and Address of Current Registered Agent GRANGE, GIFFORD 7650 EPPING FOREST WAY NO. UNITY #110 JACKSONVILLE FL 32217		7. Name and Address of New Registered Agent Name Randy T. Evans Street Address (P.O. Box Number is Not Acceptable) 6665 Grace Lane City Jacksonville FL Zip Code 32205	



MOORE CR2E037 (11/03)

4. FEI Number 59-1804893	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *R.T. Evans* **R.T. EVANS** * 1/27/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GREY, ED 9652 BEAUCLERC JACKSONVILLE FL 32257 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, Secretary Randy T. Evans 6665 Grace Lane Jacksonville FL 32205 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BECKWITH, HENRY 3277 HIGHWAY 17 SO ORANGE PARK FL 32073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, Treasurer Frederick W. Preston Jr 6507 River Point Drive Green Cove Springs FL 32205 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANGE, GIFFORD 7650 EPPING FOREST WAY #16 JACKSONVILLE FL 32217 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNETT, LANE 331 E. UNION ST. JACKSONVILLE FL 32202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAU, BOB 4961 ORTEGA FARMS BLVD. JACKSONVILLE FL 32210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bob Gau 4961 Ortega Farms Blvd Jacksonville, FL 32210 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Frederick W. Preston Jr 6507 River Point Drive Green Cove Springs, FL 32205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *R.T. Evans* **R.T. EVANS** * 1/27/04 * 904-781-8227
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #