


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90013 041 ****61.25

DOCUMENT # 737774					
1. Entity Name JACKSONVILLE COMMODORES LEAGUE, INC.					
Principal Place of Business 1156 ASHMORE DR JACKSONVILLE FL 32259 US			Mailing Address 1156 ASHMORE DR JACKSONVILLE FL 32259 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1804893	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FLEMING, PETER A 1156 ASHMORE DR JACKSONVILLE FL 32259				7. Name and Address of New Registered Agent Name Street Address JOHN M. GODFREY 5345 ORTEGA BLVD., SUITE 6 City JACKSONVILLE, FL 32210	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent or both, in accordance with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					



1st MOORE CR2E037 (10/07)

\$8.75 Additional Fee Required

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

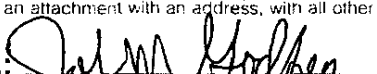
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC RICK, PRESTON 6507 RIVER POINT DR GREEN COVE SPRINGS FL 32043	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary JOHN M. GODFREY 5345 ORTEGA BLVD., SUITE 6 JACKSONVILLE, FL 32210	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RCM BURROWS, WILLIAM D 6726 LINFORD LANE JACKSONVILLE FL 32217	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RCS FLEMING, PETER A 1156 ASHMORE DR JACKSONVILLE FL 32259	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FC BAILEY, JAMES F 10 N. NEWMAN STREET JACKSONVILLE FL 32202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RCT HILL, JOHN R 1320 ALDERMAN ROAD EAST JACKSONVILLE FL 32211	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RCO NICHOLSON, JAMES 10609 OLD ST AUGUSTINE STE 1 JACKSONVILLE FL 32257	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not indicate on this report or supplemental report is true and accurate of the corporation or the receiver or trustee empowered to execute if changed, or on an attachment with an address, with all other filers.

JOHN M. GODFREY
5345 ORTEGA BLVD., SUITE 6
JACKSONVILLE, FL 32210

I further certify that the information I made under oath; that I am an officer or director and that my name appears in Block 10 or Block 11

SIGNATURE: 

4/21/08 904-536-9809