## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## Aug 27, 2007 8:00 am Secretary of State **DOCUMENT #749535** 08-27-2007 90035 026 \*\*\*\*61.25 JACKSONVILLE JAGUAR SOCCER CLUB, INC. Principal Place of Business Mailing Address 8650 NEWTON RD P.O. BOX 16071 JACKSONVILLE, FL 32245 JACKSONVILLE, FL 32216 US US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08222007 Chg-NP CR2E037 (12/06) City & State City & State Applied For 4. FEI Number 59-2027336 Not Applicable Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KORMAN, HOWARD I Street Address (P.O. Box Number is Not Acceptable) 4490 SOUTHSIDE BOULEVARD JACKSONVILLE, FL 32216 City Zip Code 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by September 14, 2007 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE ■ Addition PADELSKEY, STEPHANIE NAME NAME STREET ADDRESS 3072 ROBERT SCOTT RD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32207 CITY - ST- ZIP ☐ Delete TITLE President Change ☐ Addition TITLE WILLIAMS, MICHAEL J NAME NAME STREET ADDRESS 13012 BIGGIN CHURCH RD S STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32224 CITY-ST-ZIP Sec. Addition ☐ Change TITLE Delete TITLE nikki Hughey LAVALLEE, KATHY 563 Bayridge Rd Jacksonville, Fl 3 STREET ADDRESS 9553 BEAUCLERC COVE RD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32257 CITY-ST-ZIP Jacksonville. 32216 Delete **Addition** TITLE TITL F Change KINNEY, ELIZABETH NAME NAME Deburah Panetta 2524-4 whispering woods Blvd. 10771 PACER CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32257 CITY-ST-ZIP Jacksonville, FL 32246 ☐ Delete TITI F ☐ Change Addition TITLE Vice Pres. Theresa Cline NAME NAME STREET ADDRESS STREET ADDRESS 4352 Battlecreek Ct W. CITY-ST-ZIP CITY-ST-7/P Jacksonville FL 32258 ☐ Change TITI F ☐ Delete fill F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

**FILED** 

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