
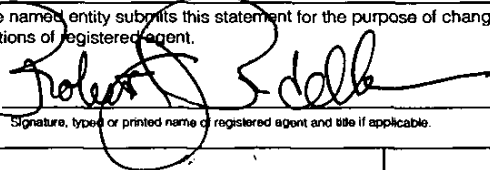


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Aug 23, 2006 8:00 A.M.
Secretary of State

DOCUMENT # N01000006493 1. Entity Name JACKSONVILLE JOKERS ROLLER HOCKEY CLUB, INC.					
Principal Place of Business 2628 HERSCHEL STREET JACKSONVILLE, FL 32204			Mailing Address 2628 HERSCHEL STREET JACKSONVILLE, FL 32204		
2. Principal Place of Business 1829 AUTUMN BROOK LN.		3. Mailing Address 1829 AUTUMN BROOK LN.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State JACKSONVILLE FL		City & State JACKSONVILLE FL		4. FEI Number 59-3745593	
Zip 32259		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MERCIER, LEE F 200 W. FORSYTH STREET SUITE 1100 JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent Name PRADELLA, BOB Street Address (P.O. Box Number is Not Acceptable) 1829 AUTUMN BROOK LANE City JACKSONVILLE FL Zip Code 32259			
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 50%;"> ROBERT J. PRADELLA, 5/12/06 <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 10%; text-align: right;"> <small>DATE</small> </div> </div>					
FILE NOW!!! FEE IS \$297.50			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	D KELLY, TERRENCE J 1375 AVONDALE AVENUE JACKSONVILLE, FL 32205	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRADELLA, BOB 1829 AUTUMN BROOK LANE JACKSONVILLE, FL 32259	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANDAICHE, PAUL JR. 12846 JEBB ISLAND CIRCLE JACKSONVILLE, FL 32224	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MILLER, DARCY 2512 MARLIN COURT MIDDLEBURGH, FL 32068	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHASTEEN, BRAD 784 PEPPERVINE AVENUE JACKSONVILLE, FL 32259	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WARDEN, LORI 10574 LAKE HOLLOW LANE JACKSONVILLE, FL 32257	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	300079533153 <input type="checkbox"/> Change <input type="checkbox"/> Ad 09/07/06--01006--007 **306.25 8/8/23		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Ad		

12. I hereby 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, changed, or on an attachment with an address, with all other like empowered.

