2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003727

FILED Jul 02, 2004 Secretary of State

Entity Name: JACKSONVILLE WAVES BASEBALL CLUB, INC.

Current Principal Place of Business:		New Principal Place of Business:	
	LONEGA DRIVE IVILLE, FL 32224		
Current M	lailing Address:	New Mailing Address	s:
	LONEGA DRIVE IVILLE, FL 32224		
FEI Number:	: FEI Number Applied For (X)	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of Current Registered Agent:	Name and Address o	f New Registered Agent:
ANGEVINI	E, JEFF LONEGA DRIVE		
JACKSON	IVILLE, FL 32224	nurnoso of changing its registered	d office or registered agent, or both
JACKSON The above		purpose of changing its registered	d office or registered agent, or both,
JACKSON The above	NILLE, FL 32224 named entity submits this statement for the e of Florida.	purpose of changing its registered	d office or registered agent, or both,
JACKSON The above in the State	NILLE, FL 32224 named entity submits this statement for the e of Florida.		d office or registered agent, or both, Date
JACKSON The above in the State SIGNATUR	NILLE, FL 32224 named entity submits this statement for the e of Florida. RE:	gent	
JACKSON The above in the State SIGNATUR	NILLE, FL 32224 named entity submits this statement for the e of Florida. RE: Electronic Signature of Registered Ag	gent	Date
JACKSON The above in the State SIGNATUF OFFICER: Title: Name: Address:	IVILLE, FL 32224 In named entity submits this statement for the e of Florida. RE: Electronic Signature of Registered Age S AND DIRECTORS: PD () Delete PEARCE, JEFFREY 12800 HUNTLEY MANOR DRIVE	pent ADDITIONS/CHANGE Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFF ANGEVINE VD 07/02/2004