

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009044

FILED
Apr 29, 2012
Secretary of State

Entity Name: JACKSONVILLE RUGBY FOOTBALL CLUB, INC.

Current Principal Place of Business:

4473 COMANCHE TRAIL BLVD
ST. JOHNS, FL 32259 US

New Principal Place of Business:

11637 LAZY WILLOW LANE
JACKSONVILLE, FL 32223 US

Current Mailing Address:

P.O. BOX 19923
JACKSONVILLE, FL 32245 US

New Mailing Address:

FEI Number: 59-3214389

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOUDER, TIMOTHY
4473 COMANCHE TRAIL BLVD
ST. JOHNS, FL 32259 US

Name and Address of New Registered Agent:

STOUDER, TIMOTHY
11637 LAZY WILLOW LANE
JACKSONVILLE, FL 32223 US

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.

SIGNATURE: TIMOTHY STOUDER

04/29/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: STOUDER, TIMOTHY
Address: 11637 LAZY WILLOW LANE
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: VP
Name: SANE, AARON
Address: 1239 PALMER TERRACE
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: T
Name: NEWKIRK, LAWRENCE M
Address: 3835 PONCE DE LEON AVE
City-St-Zip: JACKSONVILLE, FL 32177 US

Title: S/SC
Name: DELPIVO, MAX
Address: 3946 ST. JOHNS AVENUE, APT 116
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: MS
Name: MCLOGAN, BRIAN
Address: 2595 HALDUMAR TERRACE
City-St-Zip: JACKSONVILLE, FL 32204 US

I hereby 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 all other like empowered.

SIGNATURE: TIMOTHY STOUDER

P

04/29/2012

Electronic Signature of Signing Officer or Director

Date