

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N20651**

1. Corporation Name

JACKSONVILLE SUNS BOOSTER CLUB, INC.

500001808535
-05/06/96--01024--016
***\$61.25

Principal Place of Business

Mailing Address

WOLFSON BALL PARK
1201 W. ADAMS STREET
JACKSONVILLE, FLORIDA 32201

POST OFFICE BOX 4756
JACKSONVILLE, FLORIDA 32201

3. Date Incorporated or Qualified

051487

3a. Date of Last Report

042695

2. Principal Place of Business

21. SAME AS BLOCK 1

Suite, Apt #, etc

2a. Mailing Address

26. SAME AS BLOSK 1A

Suite, Apt #, etc

4. FEI Number

26-7529355

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BERNARD I. SCOTT
5328 JANCIE CIRCLE SOUTH
JACKSONVILLE, FLORIDA 32210

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1538, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Bernard I. Scott
Signature, typed or printed name of registered agent and title if applicable

BERNARD I. SCOTT

(NOTE: Registered Agent signature required when reinstating)

4/6/96

DATE

12. OFFICERS AND DIRECTORS

TITLE COMMISSIONER ☐ DELETE
NAME PETER BRAGAN, JR. (D)
STREET ADDRESS 1201 E. ADAMS ST
CITY-ST-ZIP JACKSONVILLE, FL 32201

TITLE PRESIDENT ☐ DELETE
NAME BILL KNOWLES (D)
STREET ADDRESS
CITY-ST-ZIP

TITLE VICE PRESIDENT ☐ DELETE
NAME CHARLES ROGERS (D)
STREET ADDRESS
CITY-ST-ZIP

TITLE SECRETARY ☐ DELETE
NAME RAN WILLIAMS
STREET ADDRESS
CITY-ST-ZIP

TITLE TREASURER ☐ DELETE
NAME BERNARD I. SCOTT
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

ADDRESS FOR ALL THE ABOVE ARE THE SAME AS THE CLUB ADDRESS.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS POST OFFICE BOX 4756
14 CITY-ST-ZIP JACKSONVILLE, FLORIDA 32201 NA

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS 2163 BURPEE DRIVE
24 CITY-ST-ZIP JACKSONVILLE, FLORIDA 32210

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS 5074 ARAPAHOE AVENUE
34 CITY-ST-ZIP JACKSONVILLE, FLORIDA 32210

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS 1715 HODGES BOULEVARD, #3323
44 CITY-ST-ZIP JACKSONVILLE, FLORIDA 32224

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS 5328 JANICE CIRCLE SOUTH
54 CITY-ST-ZIP JACKSONVILLE, FLORIDA 32210

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Bernard I. Scott* BERNARD I. SCOTT 4-6-96 (904) 384-1715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)