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Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Moran Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N20651 (8) 1. Corporation Name JACKSONVILLE SUNS BOOSTER CLUB, INC.					
Principal Place of Business WOLFSON BALL PARK 1201 W. ADAMS STREET JACKSONVILLE FL 32201 US			Mailing Address P.O. BOX 4756 JACKSONVILLE FL 32201 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/14/1987 4. FEI Number 26-7529355 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					
9. Name and Address of Current Registered Agent ROGERS, CHARLES W 115 EAST FORSYTH STREET JACKSONVILLE FL 32202			10. Name and Address of New Registered Agent 1 Name 2 Street Address (P.O. Box Number Is Not Acceptable) 3 4 City FL 85 Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 <i>[Signature]</i> 3/20/98 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE P <input checked="" type="checkbox"/> DELETE NAME SCOTT, BERNARD I STREET ADDRESS 5328 JANICE CIRCLE SOUTH CITY-ST-ZIP JACKSONVILLE FL 32210			1.1 <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 President 1.3 Cathy Scott 1.4 5328 JANICE Cir South 1.5 Jacksonville, Florida 32210		
TITLE CD <input type="checkbox"/> DELETE NAME BRAGAN, PETER JR. STREET ADDRESS 390 AQUATIC DRIVE CITY-ST-ZIP JACKSONVILLE FL 32250			2.1 <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 2.3 2.4 2.5		
TITLE VP <input checked="" type="checkbox"/> DELETE NAME FREEMAN, KENNY STREET ADDRESS 265 WINTER SPRINGS WAY CITY-ST-ZIP JACKSONVILLE FL 32225			3.1 <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 Vice President 3.3 James Channie 3.4 9787 Halsey Road 3.5 Jacksonville, Florida 32216		
TITLE SD <input type="checkbox"/> DELETE NAME WILLIAMS, FRANCES STREET ADDRESS 1715 HODGES BLVD. #3323 CITY-ST-ZIP JACKSONVILLE FL 32224			4.1 <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 4.3 4.4		
TITLE TD <input type="checkbox"/> DELETE NAME ROGERS, CHARLES W STREET ADDRESS 115 E. FORSYTH STREET CITY-ST-ZIP JACKSONVILLE FL 32202			5.1 <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 5.3 5.4 5.5		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 6.3 6.4		

14. I hereby certify that the information supplied with this filing does not qualify for the option stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate; 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 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: *[Signature]* **3/20/98** **1-904-354-5591**

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