

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90078 001 ****61.25

DOCUMENT # N20651

1. Corporation Name

JACKSONVILLE SUNS BOOSTER CLUB, INC.

Principal Place of Business

**WOLFSON BALL PARK
1201 W. ADAMS STREET
JACKSONVILLE FL 32201**

Mailing Address

**P.O. BOX 4756
JACKSONVILLE FL 32201
US**



Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/14/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

26-7529355

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

Zip

Country

Zip

Country

6. Election Campaign Financing ☐

**\$5.00 May Be
Added to Fees**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROGERS, CHARLES W
115 EAST FORSYTH STREET
JACKSONVILLE FL 32202**

81 Name

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

83

84 City

FL

85 Zip Code

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.

2-5-99

DATE

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

(NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CATHY SCOTT		1.2 NAME	
5328 JANICE CIRCLE SOUTH		1.3 STREET ADDRESS	
JACKSONVILLE FL 32210		1.4 CITY-ST-ZIP	
CD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
BRAGAN, PETER JR.		2.2 NAME	
390 AQUATIC DRIVE		2.3 STREET ADDRESS	
JACKSONVILLE FL 32250		2.4 CITY-ST-ZIP	
VP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
JAMES CHARRIE		3.2 NAME	
9787 HALSEY RD		3.3 STREET ADDRESS	
JACKSONVILLE FL 32216		3.4 CITY-ST-ZIP	
SD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
WILLIAMS, FRANCES		4.2 NAME	
1715 HODGES BLVD. #3323		4.3 STREET ADDRESS	
JACKSONVILLE FL 32224		4.4 CITY-ST-ZIP	
TD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ROGERS, CHARLES W		5.2 NAME	
115 E. FORSYTH STREET		5.3 STREET ADDRESS	
JACKSONVILLE FL 32202		5.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-5-99

1-904-354-5596

CR2E037 (1/98)