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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N20651

HULFOUN BALL PARK

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JACKSONVILLE SUNS BOOSTER CLUB, INC.

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Suite, Apt. #, etc. Suite, Apt. #, etc. 26-7529355 -	ace of Business	<u></u>			
City & State Signature, hyadior protect dispersion and speciations. Company Zip Country Cou				_ 	
City & State City & State 28	F, etc.	h		4	Applied For
Zip Country				20 1323033	Not Applicable
25 29 30 Trust Fund Contribution Added to F9 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROGERS, CHARLES W 115 EAST FORSYTH STREET JACKSONVILLE FL 32202 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code Pursuant to the provisions of Sections 617,0502 and 617,1508, Elofida Statutes, the above-named corporation submits this statement for the purpose of changing its regist office or registered agent, or both in the State of Eponda. Such change was full infriezed by the corporation's board of directors. I hereby accept the appointment as registed agent, and amiliar with, and accept the objections of Section 617,0503, Fonds Statutes. Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when remistating) DATE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I 1.7 ITILE CATHY SCOTT STREET ADDRESS SARADAN PETER JR. SARADAN PETER JR. SARADAN PETER JR. SARADAN PETER JR. SARADAN AQUATIC DRIVE JACKSONVILLE FL 32250 QP DELETE JACKSONVILLE FL 32250 QP DELETE JAMES CHARRIE 32 NAME 13 TITLE 15 TITLE		⊢ .		5. Certificate of Status Desired	Fee Required
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROGERS, CHARLES W 115 EAST FORSYTH STREET JACKSONVILLE FL 32202 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code Pursuant to the provisions of Sections 817,8502 and 617,1508, Forfida Stablus, the above-named corporation submits this statement for the purpose of changing its registoric or registered agent, or both in the Stable of Divide. Such change was Authorized by the corporation's board of directors. I hereby accept the appointment as registe agent. I am familiar with, and accept the objigation's O. Seption 617 2803, Front 3203, Front 35 Statutes. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS P CATHY SCOTT CATHY SCOTT 12 NAME 13. STREET ADDRESS ST 2P JACKSONVILLE FL 32210 DELETE 11 TITLE 12 NAME 13. STREET ADDRESS TABLESS SOR AQUATIC DRIVE 22 NAME 23 NAME 24 NAME 24 NAME 24 NAME 25 NAME 24 NAME 25 NAME 26 Tables	Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be
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ROGERS, CHARLES W 115 EAST FORSYTH STREET JACKSONVILLE FL 32202 84 City FL 85 Zip Code Pursuant to the provisions of Sections 617,6502 and 617,1508. Elorida Stabulus, tibe above-named corporation submits this statement for the purpose of changing its regis office or registered agent, or both in the State of Elorida. Such Change was authorized by the corporation's board of directors. I hereby accept the appointment as registed agent. I am familiar with, and accept the obligations of, Seption 617,0503, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS P CATHY SCOTT 12 NAME 13. STREET ADDRESS S128 JANICE CIRCLE SOUTH 13. STREET ADDRESS TO DELETE 11. TITLE 12. NAME 22. NAME 23. STREET ADDRESS ST. ZIP VP DELETE 34. TITLE 13. TITLE 14. Change Change	9. Name and Address of Current	rent Registered Agent		10. Name and Address of New Registe	ered Agent
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P	Signature, typed or printed name of registered agent		gistered Agent signature require		E
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ST ZIP	CATHY SCOTT		1.2 NAME		
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ROGERS, CHARLES W 52 NAME 53 STREET ADDRESS 115 F. FORSYTH STRFFT 53 STREET ADDRESS		}			

ST ZIP I hereby certify that the information supplied with this filling 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 aparda report is true and accurate anythat 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 frustee 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.

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

ST - ZIP

LANDAESS

JACKSONVILLE FL 32202

SIGNATURE AND TYPED OR PRINTED NAME OF

☐ DELETE

☐ Change

Addition

FILED

Mar 02, 1999 8:00 am Secretary of State

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