

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90069 007 ****61.25

DOCUMENT # N20651

1. Entity Name

JACKSONVILLE SUNS BOOSTER CLUB, INC.



Principal Place of Business

1715 HODGES BLVD
3323
JACKSONVILLE FL 32224
US

Mailing Address

1715 HODGES BLVD
3323
JACKSONVILLE FL 32224
US

2. Principal Place of Business

3. Mailing Address

AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

26-7529355

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, FRAN
1715 HODGES BLVD
3323
JACKSONVILLE FL 32224

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Frances Williams FRANCES W. WILLIAMS

1-23-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P
NAME SCHUMP, WILLIAM ☒ Delete
STREET ADDRESS 1808 GRASSINGTON WAY LANE
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE VP
NAME BOMHOLD, RHONDA ☐ Delete
STREET ADDRESS 1475 UNDINE AVE
CITY-ST-ZIP JACKSONVILLE FL 32221

TITLE S
NAME WILLIAMS, FRAN ☐ Delete
STREET ADDRESS 1715 HODGES BLVD
CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE BRENDA CHARLIE ☐ Change ☒ Addition
NAME 9787 HALSEY ROAD
STREET ADDRESS JAX, FLA 32246 - PRESIDENT
CITY-ST-ZIP

TITLE ALAN SCHUMPP ☐ Change ☒ Addition
NAME 1808 GRASSINGTON WAY LANE
STREET ADDRESS JAX, FLA. 32223
CITY-ST-ZIP TREAS.

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alan Schumpp*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-
1-25-04 786-4497