


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90028 044 ****70.00

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
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2. Principal Place of Business - No P.O. Box # 9539 Darbytown Ln Suite, Apt. #, etc. Jacksonville FL	3. Mailing Address 9539 Darbytown Ln Suite, Apt. #, etc. Jacksonville, FL
City & State FL	City & State Jacksonville, FL
Zip 32222	Country US

1st MOORE CR2E037 (10/06)

4. FEI Number 26-7529355	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, FRAN 1715 HODGES BLVD 3323 JACKSONVILLE FL 32224	
7. Name and Address of New Registered Agent Name Bonnie Tyre Street Address (P.O. Box Number is Not Acceptable) 9539 Darbytown Ln. City Jacksonville FL Zip Code 32222	

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 Bonnie J. Tyre DATE 3/7/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	P SAWYER, TOM 1055 PALM LANDING DRIVE S. ATLANTIC BEACH FL 32233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	T Bonnie Tyre 9539 Darbytown Lane Jacksonville, FL 32222 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VP TAYLOR, DEBI 1300 SHETTER AVENUE #55 JACKSONVILLE BEACH FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	S Jackie Sacler 333 Loring St. Apt. 144 Jacksonville FL 32216 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	S WILLIAMS, FRAN 1715 HODGES BLVD #3323 JACKSONVILLE FL 32224 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	T SCHUMPP, ALANE 1808 GRASSINGTON WAY LANE JACKSONVILLE FL 32223 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Bonnie J. Tyre DATE 3/7/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #