

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20651

FILED
Feb 22, 2008
Secretary of State

Entity Name: JACKSONVILLE SUNS BOOSTER CLUB, INC.

Current Principal Place of Business:

9539 DARBY TOWN LANE
JACKSONVILLE, FL 32222 US

New Principal Place of Business:

Current Mailing Address:

9539 DARBY TOWN LANE
JACKSONVILLE, FL 32222 US

New Mailing Address:

FEI Number: 26-7529355

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TYRE, BONNIE
9539 DARBYTOWN LANE
JACKSONVILLE, FL 32222 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SAWYER, TOM
Address: 1055 PALM LANDING DRIVE S.
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: VP () Delete
Name: TAYLOR, DEBI
Address: 1300 SHETTER AVENUE #55
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: S () Delete
Name: SAELER, JACKIE
Address: 333 LAURINA ST. APT 144
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: T () Delete
Name: TYRE, BONNIE
Address: 9539 DARBYTOWN LANE
City-St-Zip: JACKSONVILLE, FL 32222

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: PHARO, NANCY
Address: 4430 PEPPERMILL PL.
City-St-Zip: JACKSONVILLE, FL 32257

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BONNIE TYRE

T

02/22/2008

Electronic Signature of Signing Officer or Director

Date