


FILED

Jan 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N93000004760 (5)					
1. Corporation Name JACKSONVILLE RUGBY FOOTBALL CLUB, INC.					
Principal Place of Business P.O. BOX 19904 JACKSONVILLE FL 32245			Mailing Address P.O. BOX 19904 JACKSONVILLE FL 32245-0904		
2. Principal Place of Business		2a. Mailing Address			
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.			
22 City & State		27 City & State			
23 Zip Country		28 Zip Country			
24		25		30	
9. Name and Address of Current Registered Agent					
BLEDSON, JAMES A J 1301 RIVERPLACE BLVD SUITE 1818 JACKSONVILLE FL 32207					81 Name 82 Street Address 83 84 City
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation is authorized to change its registered agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required)					
12. OFFICERS AND DIRECTORS					
TITLE		PD		<input type="checkbox"/> DELETE	
NAME		STASCO, GARY			
STREET ADDRESS		791 ASSISI LN, #702			
CITY-ST-ZIP		ATLANTIC BEACH FL			
TITLE		SD		<input checked="" type="checkbox"/> DELETE	
NAME		ROGERS, JASON			
STREET ADDRESS		4227 ST. FRANCIS CIR			
CITY-ST-ZIP		JACKSONVILLE FL			
TITLE		TD		<input type="checkbox"/> DELETE	
NAME		CONNOLLY, MIKE			
STREET ADDRESS		2459 WHISPERING WOOD BLVD. #3			
CITY-ST-ZIP		JACKSONVILLE FL			
TITLE				<input type="checkbox"/> DELETE	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE				<input type="checkbox"/> DELETE	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE				<input type="checkbox"/> DELETE	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13.					
1.1 TITLE					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E037 (9/96)