

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004760

FILED
Feb 04, 2004
Secretary of State

Entity Name: JACKSONVILLE RUGBY FOOTBALL CLUB, INC.

Current Principal Place of Business:

P.O. BOX 19923
JACKSONVILLE, FL 32245

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 19923
JACKSONVILLE, FL 32245

New Mailing Address:

FEI Number: 59-3214389

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLEDSON, JAMES A J
1301 RIVERPLACE BLVD
SUITE 1818
JACKSONVILLE, FL 32207 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: PD () Delete
Name: GRAHAM, JOHN
Address: 7842 INVERMERE BLVD N.
City-St-Zip: JACKSONVILLE, FL 32244

Title: TD () Delete
Name: WHITE, KEITH
Address: 237 LORING COURT
City-St-Zip: ORANGE PARK, FL 32073

Title: SD () Delete
Name: KRELL, KEN
Address: 3601 KERNAN BLVD. #1916
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: STASCO, GARY
Address: P O BOX 442012
City-St-Zip: JACKSONVILLE, FL 32222

Title: TD (X) Change () Addition
Name: GORTER, BOB
Address: 12060 ROYAL FERN LN
City-St-Zip: JACKSONVILLE, FL 32223

Title: SD (X) Change () Addition
Name: COLE, FRED
Address: 2144 RONALD LN
City-St-Zip: JACKSONVILLE, FL 32216

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GARY STASCO

PD

02/04/2004

Electronic Signature of Signing Officer or Director

Date