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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000005626 (5)

1. Corporation Name

PORT ST. LUCIE JAGUARS BOOSTER CLUB, INC.



Principal Place of Business

1201 SE JAGUAR LN.  
PORT ST. LUCIE FL 34952

Mailing Address

1201 SE JAGUAR LN.  
PORT ST. LUCIE FL 34952

3. Date Incorporated or Qualified  
11/27/1995

3a. Date of Last Report

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

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FARRELL, RICKEY L  
1595 SE PORT ST. LUCIE BLVD.  
PORT ST. LUCIE FL 34952

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~PRESIDENT~~ D ☐ DELETE

NAME ROBERT GROW

STREET ADDRESS 662 SE VOLT AIR TER.

CITY-ST-ZIP PORT ST. LUCIE FL 34983

TITLE ~~VIC PRESIDENT~~ D ☐ DELETE

NAME WILLIAM P. FLYNN

STREET ADDRESS 613 SE CARM TER

CITY-ST-ZIP PORT ST LUCIE FL 34983

TITLE ~~SECRETARY~~ D ☐ DELETE

NAME PATRICIA L. FLYNN

STREET ADDRESS 613 SE CARM TER

CITY-ST-ZIP PORT ST LUCIE FL 34983

TITLE ~~TREASURER~~ D ☐ DELETE

NAME JOSEPHINE A. MILLER

STREET ADDRESS 1418 SUNSHINE AVE

CITY-ST-ZIP P. SC. FL 34982

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert Grow ROBERT GROW

2-26-96

407-336-4216

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)