

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morfham  
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 34952-8127

FILED

93 JAN 15 AM 9:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



3. Date Incorporated or Qualified  
11/27/1995

3a. Date of Last Report  
04/22/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

APPLIED FOR 65-0656613

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

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 000002405940--4

84 City

01/21/98-01014-001  
\*\*\*\*236.7FL\*\*\*\*236.25

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 617.0502, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME GROW, ROBERT  
STREET ADDRESS 662 SE VOLTAIR TER  
CITY-ST-ZIP PORT ST LUCIE FL 34983

TITLE D  
NAME FLYNN, WILLIAM P  
STREET ADDRESS 613 SE CARON TER  
CITY-ST-ZIP PORT ST LUCIE FL 34983

TITLE D  
NAME FLYNN, PATRICIA L  
STREET ADDRESS 6135 E CAPON TERRACE  
CITY-ST-ZIP PORT LT LUCIE FL 34952

TITLE D  
NAME MILLER, JOSEPHINE A  
STREET ADDRESS 1418 SUNSHINE AVE  
CITY-ST-ZIP P.S.C FL 34952

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

REINSTATEMENT 97

SL 1-16-98

REINSTATEMENT

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

SIGNATURE REQUIRED

CR2E037 (9/96)