

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90167 042 ****61.25

DOCUMENT # N96000003097

1. Corporation Name

THE TOM COUGHLIN JAY FUND FOUNDATION, INC.

Principal Place of Business

ONE STADIUM PLACE
JACKSONVILLE FL 32202

Mailing Address

ONE STADIUM PLACE
JACKSONVILLE FL 32202



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

06/11/1996

4. FEI Number

59-3426937

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

9. Name and Address of Current Registered Agent

CRAWFORD, JOHN R
225 WATER STREET #900
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

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 PD
NAME COUGHLIN, TOM
STREET ADDRESS ONE STADIUM PLACE
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE DVP
NAME COUGHLIN, JUDY
STREET ADDRESS ONE STADIUM PLACE
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE DT
NAME FOLEY, FRAN
STREET ADDRESS 12839 QUAILBROOK
CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE DS
NAME BONO, ERNEST P SR
STREET ADDRESS 7450 FOUNDERS WAY
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE Director
NAME Coughlin, Keli
STREET ADDRESS One Altet Stadium Pl
CITY-ST-ZIP Jacksonville, FL 32202

TITLE Director
NAME Tonning, Ken
STREET ADDRESS One Altet Stadium Pl
CITY-ST-ZIP Jacksonville FL 32202

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director
1.2 NAME weaver, Wayne
1.3 STREET ADDRESS One Altet Stadium Pl
1.4 CITY-ST-ZIP Jacksonville, FL 32202

2.1 TITLE Director
2.2 NAME Hednett, Leslie
2.3 STREET ADDRESS One Altet Stadium Pl
2.4 CITY-ST-ZIP Jacksonville, FL 32202

3.1 TITLE Director
3.2 NAME Herbert, Adam
3.3 STREET ADDRESS One Altet Stadium Pl.
3.4 CITY-ST-ZIP Jacksonville, FL 32202

4.1 TITLE Director
4.2 NAME Petway, Betty
4.3 STREET ADDRESS One Altet Stadium Pl.
4.4 CITY-ST-ZIP Jacksonville, FL 32202

5.1 TITLE Director
5.2 NAME Crawford, John
5.3 STREET ADDRESS One Altet Stadium Pl.
5.4 CITY-ST-ZIP Jacksonville, FL 32202

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

4/16/99 (904) 465-4044

CR2E037 (11/98)