

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003097

FILED
May 10, 2007
Secretary of State

Entity Name: THE TOM COUGHLIN JAY FUND FOUNDATION, INC.

Current Principal Place of Business:

5000 SAWGRASS VILLAGE CIRCLE
SUITE 30
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

PO BOX 50798
JACKSONVILLE BEACH, FL 32240

New Mailing Address:

FEI Number: 59-3426937 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CRAWFORD, JOHN R
1200 RIVERPLACE BLVD
SUITE 800
JACKSONVILLE, FL 32207 US

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: COUGHLIN, TOM
Address: GIANTS STADIUM
City-St-Zip: EAST RUTHERFORD, NJ 07073 US

Title: DVP () Delete
Name: COUGHLIN, JUDY
Address: 229 CAMBRIDGE OAKS
City-St-Zip: PARK RIDGE, NJ 07656

Title: DT () Delete
Name: WHEELER, LAMAR
Address: 7406 FULLERTON STREET
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: DVPS () Delete
Name: BONO, ERNEST P SR
Address: 7450 FOUNDERS WAY
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: ED () Delete
Name: COUGHLIN, KELI
Address: 5000 SAWGRASS VILLAGE CR SUITE 30
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: TONNING, KEN
Address: 1070 E ADAMS ST
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: KELI A COUGHLIN

ED

05/10/2007

Electronic Signature of Signing Officer or Director

Date