2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 18, 2009
Secretary of State

DOCUMENT# N97000006502

Entity Name: THE JACKSONVILLE POP WARNER JUNIOR JAGUARS BOWL, INC.

Current Principal Place of Business:

6847 TANGO LANE N.
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

6847 TANGO LANE N.
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 59-3476024 **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:

CONNORS, DENNIS B
6847 TANGO LANE N.
JACKSONVILLE, FL 32210 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:	D	( ) Delete
Name:	CONNORS, DENNIS B	
Address:	6847 TANGO LANE N.	
City-St-Zip:	JACKSONVILLE, FL 32210	
Title:	D	( ) Delete
Name:	NEWMAN, EARL	
Address:	1350 NORTH DEGROVE ROAD	
City-St-Zip:	JACKSONVILLE, FL 32259	
Title:	D	( ) Delete
Name:	ALFORD, M. DUANE	
Address:	5736 CRESTVIEW RD	
City-St-Zip:	JACKSONVILLE, FL 32210	
Title:	D	( ) Delete
Name:	MOSCHELLA, DIANE	
Address:	1193 KNOLL DR. W.	
City-St-Zip:	JACKSONVILLE, FL 32221	
Title:	D	( ) Delete
Name:	BUTLER, JON	
Address:	586 MIDDLETOWN BLVD. C-100	
City-St-Zip:	LANGHOME, PA 19047	

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:	

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: M. DUANE ALFORD D 09/18/2009

Electronic Signature of Signing Officer or Director — Date