

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 01, 2005  
Secretary of State**

DOCUMENT# N01000009005

Entity Name: SUMMERFIELD BASKETBALL, INC.

**Current Principal Place of Business:**

P O BOX 535  
RIVERVIEW, FL 33568

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 535  
RIVERVIEW, FL 33568

**New Mailing Address:**

FEI Number: 01-0569451      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ADEJUNMOBI, JOHN  
11203 SAILBROOKE DR  
RIVERVIEW, FL 33568      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: PD ( ) Delete  
Name: ADEJUNMOBI, JOHN  
Address: P O BOX 535  
City-St-Zip: RIVERVIEW, FL 33568

Title: TD ( ) Delete  
Name: TURNER, BRIAN  
Address: P O BOX 535  
City-St-Zip: RIVERVIEW, FL 33568

Title: SD ( ) Delete  
Name: SHOFFNER, WAYNE  
Address: 10737 MOSS ISLAND DR  
City-St-Zip: RIVERVIEW, FL 33569

Title: D ( ) Delete  
Name: ADEJUNMOBI, ELSINORA  
Address: P O BX 535  
City-St-Zip: RIVERVIEW, FL 33568

**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:

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

PD

04/01/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date