

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90013 008 ****61.25

DOCUMENT # N21468

1. Entity Name
EAST BAY BUCCANEERS FOOTBALL LEAGUE, INC.



Principal Place of Business
**13012 BULLFROG CREEK RD.
RIVERVIEW, FL 33569**

Mailing Address
**P.O. BOX 599
GIBSONTOWN, FL 33534**

54022143



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02262004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2828594

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVIS, KENNETH
1210 TULIPWOOD DR
SEFFNER, FL 33584**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VD** ☒ Delete
NAME **MAHIAS, LIND**
STREET ADDRESS **9409 OAKRIDGE AVENUE**
CITY-ST-ZIP **RIVERVIEW, FL 33569**

TITLE **TD** ☒ Delete
NAME **NORTON, ANGELA**
STREET ADDRESS **11911 CEDARFIELD DR**
CITY-ST-ZIP **RIVERVIEW, FL 33569**

TITLE **PD** ☐ Delete
NAME **KENNETH, DAVIS**
STREET ADDRESS **1210 TULIPWOOD DR**
CITY-ST-ZIP **SEFFNER, FL 33584**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Change ☒ Addition
NAME **KEN POLICK**
STREET ADDRESS **9810 OLASTA ST.**
CITY-ST-ZIP **RIVERVIEW, FL 33569**

TITLE **TD** ☐ Change ☒ Addition
NAME **SHERY DAVIS**
STREET ADDRESS **1210 TULIPWOOD DR**
CITY-ST-ZIP **SEFFNER, FL 33584**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
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CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sherry Davis **SHERY DAVIS**

03/19/04

Date

Daytime Phone #

**765-6990
487-4564**