

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

**FILED**  
**Feb 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N21468</b>	
1. Entity Name <b>EAST BAY BUCCANEERS FOOTBALL LEAGUE, INC.</b>	
Principal Place of Business <b>13012 BULLFROG CREEK RD. RIVERVIEW, FL 33569</b>	Mailing Address <b>P.O. BOX 599 GIBSONTOWN, FL 33534</b>



02212005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2828594</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>DAVIS, KENNETH 1210 TULIPWPPD DR SEFFNER, FL 33584</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POLICK, KEN 9810 OLASTA ST. RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAVIS, SHERRY 1210 TULIPWOOD DR. SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KENNETH, DAVIS 1210 TULIPWOOD DR SEFFNER, FL 33584
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02/24/05-80065-004 70.00

**DO NOT WRITE  
IN THIS SPACE**

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 (Sherry Davis) 02/21/05 813-765-6990  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #