I hereby 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 all other like empowered.

oroby cortify that the in	formation indicated	on this ropo	t or supple

SIGNATURE: LORI SMITH

er/Director Detail :	
Р	Title
CHINN TAMI	Name

Electronic Signature of Registered Agent

Officer/Director Detail :					
Title	Р	Title	Т		
Name	CHINN, TAMI	Name	SMITH, LORI		
Address	1121 SHERBOURNE WAY	Address	48 CHOCTAW TRAIL		
City-State-Zip:	ORMOND BEACH FL 32174	City-State-Zip:	ORMOND BEACH FL 32174		

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.

DOCUMENT# N0000005475

Entity Name: SEABREEZE FOOTBALL BOOSTERS, INC.

Current Principal Place of Business:

2700 N OLEANDER AVE DAYTONA BEACH, FL 32118

Current Mailing Address:

2700 N OLEANDER AVE DAYTONA BEACH. FL 32118

FEI Number: 59-3268757

Name and Address of Current Registered Agent:

BECK, DAVID BESQ 404 N HALIFAX AVE DAYTONA BEACH, FL 32118 US

SIGNATURE:

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT FILED Apr 23, 2013 Secretary of State

Certificate of Status Desired: Yes

TREASURER

Electronic Signature of Signing Officer/Director Detail

04/23/2013 Date

CC0787336843

Date