## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000009005

Entity Name: SUMMERFIELD BASKETBALL, INC.

FILED
Jul 05, 2017
Secretary of State
CC0769634984

## **Current Principal Place of Business:**

1463 LAKESHORE RANCH DR SEFFNER. FL 33584

## **Current Mailing Address:**

PO BOX 1640

RIVERVIEW. FL 33568 US

FEI Number: 01-0569451 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

TURNER, BRIAN 1463 LAKESHORE RANCH DR SEFFNER, FL 33584 US

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: BRIAN TURNER 07/05/2017

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PD Title PD

Name ADEJUNMOBI, JOHN Name BRIAN, TURNER
Address PO BOX 1640 Address PO BOX 1640

City-State-Zip: RIVERVIEW FL 33568 City-State-Zip: RIVERVIEW FL 33568

Title TSD

Name ADEJUNMOBI, ELSINORA

Address PO BOX 1640

City-State-Zip: RIVERVIEW FL 33568

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.

SIGNATURE: JOHN ADEJUNMOBI

Electronic Signature of Signing Officer/Director Detail

PD

07/05/2017