

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000009005

Entity Name: SUMMERFIELD BASKETBALL, INC.

Current Principal Place of Business:

11203 SAILBROOKE DRIVE
RIVERVIEW, FL 33579

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:

ADEJUNMOBI, JOHN
11203 SAILBROOKE DRIVE
RIVERVIEW, FL 33579 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title PD
Name ADEJUNMOBI, JOHN
Address PO BOX 1640
City-State-Zip: RIVERVIEW FL 33568

Title PD
Name BRIAN, TURNER
Address PO BOX 1640
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

PD

06/06/2014

Electronic Signature of Signing Officer/Director Detail

Date