

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000009005

**FILED  
Jun 09, 2015  
Secretary of State  
CC7117101126**

**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**

**PRESIDENT/DIRECTOR**

**06/09/2015**

Electronic Signature of Signing Officer/Director Detail

Date