

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 734050

**FILED**  
**Apr 25, 2010**  
**Secretary of State**

**Entity Name:** CANTONMENT FOOTBALL CLUB, INC.

**Current Principal Place of Business:**

681 WELL LINE RD  
CANTONMENT, FL 32533

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 122  
CANTONMENT, FL 32533

**New Mailing Address:**

**FEI Number:** 59-0201946

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SMITH, JERRELL K JR  
840 FARMINGTON RD  
PENSACOLA, FL 32504 US

**Name and Address of New Registered Agent:**

JACKSON, MARK W  
1021 PERDIDO RD  
CANTONMENT, FL 32533 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: MARK W JACKSON

04/25/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: JACKSON, MARK W  
Address: 1021 PERDIDO RD  
City-St-Zip: CANTONMENT, FL 32533

Title: VP  
Name: SUMMERLIN, BRIAN  
Address: 10970 CHIPPEWA WAY  
City-St-Zip: PENSACOLA, FL 32534

Title: S  
Name: SMALL, KEVIN  
Address: 1792 SILAS CIR  
City-St-Zip: CANTONMENT, FL 32533

Title: T  
Name: JACKSON, BRANDY N  
Address: 1021 PERDIDO RD  
City-St-Zip: CANTONMENT, FL 32533

Title: CC  
Name: LOWERY, HEATHER  
Address: 10595  
City-St-Zip: WILDERNESS LANE, FL 32534

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: MARK W JACKSON

P

04/25/2010

Electronic Signature of Signing Officer or Director

Date