

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H69104

1. Entity Name  
BOBBY BOWDEN'S SEMINOLE FOOTBALL CAMP, INC.



Principal Place of Business  
MOORE ATHLETIC CENTER  
P.O. BOX 2195  
TALLAHASSEE, FL 32316 US

Mailing Address  
MOORE ATHLETIC CENTER  
P.O. BOX 2195  
TALLAHASSEE, FL 32316 US

FILED

04 APR 21 PM 4:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04082004 No Chg-P CR2E034 (10/03) *du*

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2860758

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

VAN ASSENDERP, KEN  
225 S. ADAMS STREET  
SUITE 200  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DICKEY, DARRYL M.A.C. STADIUM DR P.O. BOX 2195 TALLAHASSEE, FL 32316
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700035800927  
05/10/04--01037--003 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or without the name empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-04

Date Daytime Phone #

*B3*