

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2006 JUL 21 PM 3:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |  |  |   |  |  |
|--|--|--|---|--|--|
| <b>DOCUMENT # H69104</b><br>1. Entity Name<br><b>BOBBY BOWDEN'S SEMINOLE FOOTBALL CAMP, INC.</b>   |  |  |   |  |  |
| Principal Place of Business<br><b>MOORE ATHLETIC CENTER<br/>P.O. BOX 2195<br/>TALLAHASSEE, FL 32316 US</b>   |  |  | Mailing Address<br><b>MOORE ATHLETIC CENTER<br/>P.O. BOX 2195<br/>TALLAHASSEE, FL 32316 US</b>  |  |  |
| 2. Principal Place of Business   |  | 3. Mailing Address   |   |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |   |  |  |
| City & State   |  | City & State   |   | 4. FEI Number<br><b>59-2860758</b>   |  |
| Zip  |  | Country  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required<br>Applied For <input type="checkbox"/> Not Applicable |  |
| 6. Name and Address of Current Registered Agent  |  |  |   | 7. Name and Address of New Registered Agent  |  |
| <b>QUALLS, TIMOTHY R<br/>225 S. ADAMS STREET<br/>SUITE 200<br/>TALLAHASSEE, FL 32301</b>   |  |  |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code  |  |
| 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.<br>SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |  |   |  |  |
| <b>Amended AR is \$61.25</b>   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May be Added to Fees<br><div style="text-align: right; font-weight: bold;"> <b>300077964093</b><br/> <b>07/25/06--01003--003 **78.75</b> </div> |   |  |  |
| 10. OFFICERS AND DIRECTORS   |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>PSTD<br/>DICKEY, DARRYL<br/>M.A.C. STADIUM DR P.O. BOX 2195<br/>TALLAHASSEE, FL 32316</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>V<br/>Mickey Andrews<br/>M.A.C. Stadium Drive<br/>Tallahassee, FL 32306</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>V<br/>Kevin Steele<br/>M.A.C. Stadium Drive<br/>Tallahassee, FL 32306</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>V<br/>Jody Allen<br/>M.A.C. Stadium Drive<br/>Tallahassee, FL 32306</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>V<br/>Odell Haggins<br/>M.A.C. Stadium Drive<br/>Tallahassee, FL 32306</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>S<br/>Mark McHale<br/>M.A.C. Stadium Drive<br/>Tallahassee, FL 32306</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>S<br/>John Lilly<br/>M.A.C. Stadium Drive<br/>Tallahassee, FL 32306</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report 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 all other like empowered. |  |  |   |  |  |
| <b>SIGNATURE:</b>  |  | <b>7-21-06 6442545</b><br><small>Date Daytime Phone #</small>  |   |  |  |

Additional Officers, Block 11

Title: S

Name: Jon Jost

Street Address: M.A.C. Stadium Drive

City-State-ZIP: Tallahassee, FL 32316

Title: S

Name: Randy Oravetz

Street Address: M.A.C. Stadium Drive

City-State-ZIP: Tallahassee, FL 32316

Title: T

Name: Jeff Bowden

Street Address: M.A.C. Stadium Drive

City-State-ZIP: Tallahassee, FL 32316

Title: T

Name: Billy Sexton

Street Address: M.A.C. Stadium Drive

City-State-ZIP: Tallahassee, FL 32316

Title: T

Name: Robert Bowden

Street Address: M.A.C. Stadium Drive

City-State-ZIP: Tallahassee, FL 32316

Title: T

Name: Staci Wilkshire

Street Address: M.A.C. Stadium Drive

City-State-ZIP: Tallahassee, FL 32316