

2007 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

07 APR -2 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03/26/07 01027 004 \$150.00



03012007 Chg-P CR2E034 (12/06)

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	
2. Principal Place of Business - No P.O. Box # 525 STADIUM DR W		3. Mailing Address Suite, Apt. #, etc.	
City & State TALLA FL		City & State	
Zip 32306	Country	Zip	Country
4. FEI Number 59-2860758		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent QUALLS, TIMOTHY R 225 S. ADAMS STREET SUITE 200 TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.			
SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____			
FILE NOW!!! FEE IS \$180.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DICKEY, DARRYL M.A.C. STADIUM DR P.O. BOX 2195 TALLAHASSEE, FL 32316 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Jody Allen M.A.C. Stadium Drive Tallahassee, FL 32306 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANDREWS, MICKEY M.A.C. STADIUM DRIVE TALLAHASSEE, FL 32306 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Chuck Amato M.A.C. Stadium Drive Tallahassee, FL 32306 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEELE, KEVIN M.A.C. STADIUM DRIVE TALLAHASSEE, FL 32306 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer John Lilly M.A.C. Stadium Drive Tallahassee, FL 32306 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALLEN, JODY M.A.C. STADIUM DRIVE TALLAHASSEE, FL 32306 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Randy Oravetz M.A.C. Stadium Drive Tallahassee, FL 32306 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAGGINS, ODELL M.A.C. STADIUM DRIVE TALLAHASSEE, FL 32306 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Staci Wilkshire M.A.C. Stadium Drive Tallahassee, FL 32306 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCHALE, MARK M.A.C. STADIUM DRIVE TALLAHASSEE, FL 32306 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Treasurer Bobby Bowden M.A.C. Stadium Drive Tallahassee, FL 32306 <input checked="" type="checkbox"/> Change <input 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.			
SIGNATURE: <i>Jim Qualls</i>		Date: 3/16/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

Document corrected per Jim Qualls. ASX
222-7206

11. Additions/Changes to Officers and Directors in 11

(Continuation) -

Change

Addition

Assistant Treasurer
Dexter Carter
M.A.C. Stadium Drive
Tallahassee, FL 32306

X

Assistant Treasurer
Lawrence Dawsey
M.A.C. Stadium Drive
Tallahassee, FL 32306

X

Assistant Treasurer
Jimbo Fisher
M.A.C. Stadium Drive
Tallahassee, FL 32306

X

Assistant Treasurer
Rick Trickett
M.A.C. Stadium Drive
Tallahassee, FL 32306

X