

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H69104

FILED  
Apr 16, 2009  
Secretary of State

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

## Current Principal Place of Business:

MOORE ATHLETIC CENTER  
525 STADIUM DRIVE WEST  
TALLAHASSEE, FL 32306 US

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 2195  
TALLAHASSEE, FL 32316 US

## New Mailing Address:

FEI Number: 59-2860758

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

QUALLS, TIMOTHY R  
225 S ADAMS STREET  
SUITE 200  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: ALLEN, JODY  
Address: MOORE ATHLETIC CENTER, 525 STADIUM DR W  
City-St-Zip: TALLAHASSEE, FL 32306 US

Title: V ( ) Delete  
Name: ANDREWS, MICKEY  
Address: MOORE ATHLETIC CENTER, 525 STADIUM DR W  
City-St-Zip: TALLAHASSEE, FL 32306 US

Title: V ( ) Delete  
Name: AMATO, CHUCK  
Address: MOORE ATHLETIC CENTER, 525 STADIUM DR W  
City-St-Zip: TALLAHASSEE, FL 32306 US

Title: T ( ) Delete  
Name: COLEY, JAMES  
Address: MOORE ATHLETIC CTR 525 STADIUM DR W  
City-St-Zip: TALLAHASSEE, FL 32306 US

Title: V ( ) Delete  
Name: HAGGINS, ODELL  
Address: MOORE ATHLETIC CENTER, 525 STADIUM DR W  
City-St-Zip: TALLAHASSEE, FL 32306 US

Title: T ( ) Delete  
Name: ORAVETZ, RANDY  
Address: MOORE ATHLETIC CENTER, 525 STADIUM DR W  
City-St-Zip: TALLAHASSEE, FL 32306 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JODY ALLEN

PSTD

04/16/2009

Electronic Signature of Signing Officer or Director

Date

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10. Officers and Directors – CONTINUATION

- #7 T – Jocelyn Helbert  
Moore Athletic Center  
525 Stadium Drive, West  
Tallahassee, FL 32306
- #8 V – Bob LaCivita  
Moore Athletic Center  
525 Stadium Drive, West  
Tallahassee, FL 32306