

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005475

FILED
May 14, 2008
Secretary of State

Entity Name: SEABREEZE FOOTBALL BOOSTERS, INC.

Current Principal Place of Business:

2700 N ORLEANDER AVE
DAYTONA BEACH, FL 32118

New Principal Place of Business:

Current Mailing Address:

2700 N ORLEANDER AVE
DAYTONA BEACH, FL 32118

New Mailing Address:

FEI Number: 59-3268757 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BECK, DAVID B ESQ
404 N HALIFAX AVE
DAYTONA BEACH, FL 32118 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BECK, DAVID B
Address: 9 BIRCHWOOD TR
City-St-Zip: ORMOND BEACH, FL 32174

Title: T () Delete
Name: WEBER, KALLY A
Address: 10 ST JOHN'S PLACE
City-St-Zip: ORMOND BEACH, FL 32176

Title: P (X) Delete
Name: GRANDE, NANCY
Address: 4 REMINGTON ROAD
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GRANDE, NANCY
Address: 4 REMINGTON ROAD
City-St-Zip: ORMOND BEACH, FL 32174

Title: T (X) Change () Addition
Name: SELIG, BARBARA
Address: 829 WESTLAKE DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA SELIG

T

05/14/2008

Electronic Signature of Signing Officer or Director

Date