

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90047 007 ****70.00

DOCUMENT # N00000008205

1. Entity Name
FLORIDA SUN DEVILS, INC.



Principal Place of Business
**631 HOLBROOK AVE.
DELTONA, FL 32738**

Mailing Address
**PO BOX 620164
OVEIDO, FL 32762**

02082004 Chg-NP CR2E037 (10/03)



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3689371

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GRADY, JEFFREY
631 HOLBROOK AVE.
DELTONA, FL 32738**

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 **JEFFREY GRADY**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

2-10-04

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **GRADY, JEFFREY A**
STREET ADDRESS **631 HOLBROOK AVE.**
CITY-ST-ZIP **DELTONA, FL 32738**

TITLE **DV** ☐ Delete
NAME **ALLEN, MARK**
STREET ADDRESS **8001 VIA BONITA**
CITY-ST-ZIP **SANFORD, FL 32721**

TITLE **TM** ☐ Delete
NAME **MENDELSON, VALARIE**
STREET ADDRESS **2130 FLORAWOOD CT**
CITY-ST-ZIP **OVEIDO, FL 32742**

TITLE **C** ☐ Delete
NAME **NICOLINO, CHERI**
STREET ADDRESS **1875 CROBETT RD.**
CITY-ST-ZIP **ORLANDO, FL 32826**

TITLE **C** ☒ Delete
NAME **MCPERSON, TOM**
STREET ADDRESS **972 ROSINIA CT.**
CITY-ST-ZIP **ORLANDO, FL 32817**

TITLE **C** ☒ Delete
NAME **STIFFEY, TOM**
STREET ADDRESS **7450 COLONIAL CT**
CITY-ST-ZIP **SANFORD, FL 32771**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **DEBRA BEAVERS**
STREET ADDRESS **1454 SUMMIT HILL DR**
CITY-ST-ZIP **DELTONA, FL 32725**

TITLE ☐ Change ☒ Addition
NAME **LISA ALLEN**
STREET ADDRESS **9001 VIA BONITA**
CITY-ST-ZIP **SANFORD, FL 32721**

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 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 617, 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: **JEFFREY GRADY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-04

Date

386 574 8398

Daytime Phone #