

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000009005

FILED
Aug 29, 2007
Secretary of State

Entity Name: SUMMERFIELD BASKETBALL, INC.

Current Principal Place of Business:

P O BOX 535
RIVERVIEW, FL 33568

New Principal Place of Business:

11203 SAILBROOKE DR
RIVERVIEW, FL 33569

Current Mailing Address:

P O BOX 535
RIVERVIEW, FL 33568

New Mailing Address:

FEI Number: 01-0569451 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:

ADEJUNMOBI, JOHN
11203 SAILBROOKE DR
RIVERVIEW, FL 33568 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: PD () Delete
Name: ADEJUNMOBI, JOHN
Address: P O BOX 535
City-St-Zip: RIVERVIEW, FL 33568

Title: TD () Delete
Name: TURNER, BRIAN
Address: P O BOX 535
City-St-Zip: RIVERVIEW, FL 33568

Title: SD () Delete
Name: SHOFFNER, WAYNE
Address: 10737 MOSS ISLAND DR
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: ADEJUNMOBI, ELSINORA
Address: P O BX 535
City-St-Zip: RIVERVIEW, FL 33568

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:

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: JOHN ADEJUNMOBI

PD

08/29/2007

Electronic Signature of Signing Officer or Director

Date