

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000009005

FILED  
Jan 19, 2009  
Secretary of State

Entity Name: SUMMERFIELD BASKETBALL, INC.

## Current Principal Place of Business:

10801 N SASSAFRAS STREET  
TAMPA, FL 33617

## New Principal Place of Business:

11203 SAILBROOKE DRIVE  
RIVERVIEW, FL 33579

## Current Mailing Address:

10801 N SASSAFRAS STREET  
TAMPA, FL 33617

## New Mailing Address:

PO BOX 535  
RIVERVIEW, FL 33568 US

FEI Number: 01-0569451

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DONALDSON, KEVIN  
10801 N SASSAFRAS STREET  
TAMPA, FL 33617 US

## Name and Address of New Registered Agent:

ADEJUNMOBI, JOHN  
11203 SAILBROOKE DRIVE  
RIVERVIEW, FL 33579 US

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: JOHN ADEJUNMOBI

01/19/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DONALDSON, KEVIN  
Address: 10801 N SASSAFRAS STREET  
City-St-Zip: TAMPA, FL 33617

Title: VP ( ) Delete  
Name: DONALDSON, DENNIS  
Address: 4729 NORTH DAWNMEADOW COURT  
City-St-Zip: PLANT CITY, FL 33566

Title: T ( ) Delete  
Name: CARY, REGINA  
Address: 8717 HYALEAH ROAD  
City-St-Zip: TAMPA, FL 33617

Title: S (X) Delete  
Name: BEST, YOLANDA  
Address: 4819 LINEBAUGH AVENUE  
City-St-Zip: TAMPA, FL 33617

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: ADEJUNMOBI, JOHN  
Address: PO BOX 535  
City-St-Zip: RIVERVIEW, FL 33568

Title: PD (X) Change ( ) Addition  
Name: BRIAN, TURNER  
Address: PO BOX 535  
City-St-Zip: RIVERVIEW, FL 33568

Title: TSD (X) Change ( ) Addition  
Name: ADEJUNMOBI, ELSINORA  
Address: PO BOX 535  
City-St-Zip: RIVERVIEW, FL 33568

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

01/19/2009

Electronic Signature of Signing Officer or Director

Date