

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90309 036 *****70.00

DOCUMENT # N02000000509

1. Entity Name
PIRATE FOOTBALL CORPORATION



Principal Place of Business
**2886 TAMiami TRAIL
SUITE 8
PORT CHARLOTTE, FL 33952**

Mailing Address
**2886 TAMiami TRAIL
SUITE 8
PORT CHARLOTTE, FL 33952**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03012004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
APPLIED FOR

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

7. Name and Address of New Registered Agent

**GEER, MARY L
2886 TAMiami TRAIL
SUITE 8
PORT CHARLOTTE, FL 33952**

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

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **PD** ☐ Delete
NAME: **HOWARD, GREG**
STREET ADDRESS: **2886 TAMiami TRAIL SUITE 8**
CITY-ST-ZIP: **PORT CHARLOTTE, FL 33952**

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

TITLE: **VD** ☐ Delete
NAME: **SHAVE, JIM**
STREET ADDRESS: **2886 TAMiami TRAIL SUITE 8**
CITY-ST-ZIP: **PORT CHARLOTTE, FL 33952**

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

TITLE: **D** ☐ Delete
NAME: **GEER, MARY L**
STREET ADDRESS: **2886 TAMiami TRAIL SUITE 8**
CITY-ST-ZIP: **PORT CHARLOTTE, FL 33952**

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

TITLE: **TD** ☐ Delete
NAME: **CARLSON, JAY**
STREET ADDRESS: **2886 TAMiami TRAIL SUITE 8**
CITY-ST-ZIP: **PORT CHARLOTTE, FL 33952**

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

TITLE: **D** ☐ Delete
NAME: **WILSON, JERRY**
STREET ADDRESS: **2886 TAMiami TRAIL SUITE 8**
CITY-ST-ZIP: **PORT CHARLOTTE, FL 33952**

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

TITLE: **SD** ☐ Delete
NAME: **INGMAN, GARY**
STREET ADDRESS: **2886 TAMiami TRAIL SUITE 8**
CITY-ST-ZIP: **PORT CHARLOTTE, FL 33952**

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/04 (941) 627-2200