2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 05, 2004 8:00 am Secretary of State

DOCUMENT # N0200005006 1. Entity Name THE ANTIOCH REDSKINS OF PLANT CITY INC.					02-05-2004 900)14 038 ****7	'0.00
Principal Place of Business 8604 FRANKLIN RD. PLANT CITY, FL 33565		Mailing Address P.O. BOX 210 SEFFNER, FL 33584					
2. Principal Pl	ace of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01082004	Chg-NP CR2	2E037 (10/03)	
City & State		City & State		4. FEI Number	PLICABLE	<u> </u>	olied For Applicable
Zip ′	Country	Zip	Country	<u> </u>	of Status Desired	\$8.75 Addit	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name			
CULLINS, REBECCA 6402 N. FLETCHER RD. PLANT CITY, FL 33565				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 \$5.00 May Be Trust Fund Contribution. Added to Fees Make check payable to * Florida Department of State							
10.	OFFICERS AND DI		11.	ADDITIONS/CHA	ANGES TO OFFICERS AN		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHITMORE, DEBRA 6516 IKE SMITH PLANT CITY, FL 33565	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HERRING, JOEY 5939 SUMNER RD DOVER, FL 33527	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	T	Delete -	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SULLINS REBECCA 6402 N FLETCHER RD PLANT CITY, FL 33565	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Spelling (Cullins	Connection, Rebecca	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		المائد المائ المائد المائد المائ	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS; 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.							