

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000010431

1. Entity Name
FRIENDS OF THE SEAHAWKS, INC.



Principal Place of Business
**2300 SANTA BARBARA BLVD
CAPE CORAL, FL 33914**

Mailing Address
**2300 SANTA BARBARA BLVD
CAPE CORAL, FL 33914**



03202008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DAVIS, LARRY D
2924 GLADIOLA ST
FT MYERS, FL 33901**

**DO NOT WRITE
IN THIS SPACE**

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

3/31/08

**Filing Fee Is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

04/15/08-80034-017 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DAVIS, LARRY
STREET ADDRESS	2924 GLADIOLA ST
CITY-ST-ZIP	FORT MYERS, FL 33901
TITLE	VP
NAME	WALLACE, KENNETH C
STREET ADDRESS	127 SE 12TH AVE
CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	T
NAME	GASCON, ANDREW
STREET ADDRESS	247 SW 37TH TER
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	S
NAME	COOK, MICHAEL R
STREET ADDRESS	1443 COLLINS RD
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

(LARRY D DAVIS)

3/31/08 239-374-6766

Date

Daytime Phone #