

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90688 044 \*\*\*\*61.25

**DOCUMENT # N11814**

1. Entity Name

**BROOKER ATHLETIC ASSOCIATION, INCORPORATED**



Principal Place of Business

**12169 CEDAR DR  
BROOKER FL 32622  
US**

Mailing Address

**S.R. 18  
P.O. BOX 64  
BROOKER FL 32622**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2372464**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MELVIN, GENE  
17434 MELVIN ST.  
BROOKER FL 32622**

7. Name and Address of New Registered Agent

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

**FILE NOW: FEE IS \$61.25**

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>P MELVIN, GENE 17434 MELVIN ST BROOKER FL</b>	<input type="checkbox"/>		
<b>TS MASSEY, KENNETH 10971 S.W. 103RD STREET GRAHAM FL 32042</b>	<input checked="" type="checkbox"/>	<b>TS Thomas, Charlene 17354' Melvin St. Brooker, FL 32622</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>S RAULERSON, SHIRL 11150 S.W. 92ND STREET GRAHAM FL 32042</b>	<input type="checkbox"/>		
<b>D HAIGHT, DENISE 10068 S.W. 112ND AVE GRAHAM FL 32042</b>	<input type="checkbox"/>		
<b>D ROULERSON, RANDY 11150 SW 92ND ST BROOKER FL</b>	<input type="checkbox"/>		
<b>VP WILLIAMS, MARK 11626 S.W. 163RD AVE BROOKER FL 32622</b>	<input type="checkbox"/>		

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: Charlene Thomas, REC

3-12-03

352-485-1420

CR2E037 (10/02)