


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90212 015 ****70.00

DOCUMENT # N21468
 1. Entity Name
EAST BAY BUCCANEERS FOOTBALL LEAGUE, INC.



Principal Place of Business
 13012 BULLFROG CREEK RD.
 RIVERVIEW, FL 33569

Mailing Address
 P.O. BOX 599
 GIBSONTONTON, FL 33534

40063400



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04172006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number
59-2828594

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DAVIS, KENNETH
1210 TULIPWPPD DR
SEFFNER, FL 33584

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	POLICK, KEN	
STREET ADDRESS	9810 OLASTA ST.	
CITY-ST-ZIP	RIVERVIEW, FL 33569	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DAVIS, SHERRY	
STREET ADDRESS	1210 TULIPWOOD DR.	
CITY-ST-ZIP	SEFFNER, FL 33584	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KENNETH, DAVIS	
STREET ADDRESS	1210 TULIPWOOD DR	
CITY-ST-ZIP	SEFFNER, FL 33584	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Sherry R Davis* **4/20/06** **813-765-6990**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #