

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

07-12-2004 90015 046 ****61.25

DOCUMENT # N35010

1. Entity Name
SUNSHINE STATE ATHLETIC CONFERENCE, INC.



Principal Place of Business
**C/O DON LANDRY
7061 GRAND NATIONAL DR, STE. #138
ORLANDO, FL 32819 US**

Mailing Address
**C/O DON LANDRY
7061 GRAND NATIONAL DRIVE #138
ORLANDO, FL 32819 US**

44047905



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
140

Suite, Apt. #, etc.
140

07062004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-0624459

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

**LANDRY, DON
7061 GRAND NATIONAL DRIVE
SUITE 138
ORLANDO, FL 32819**

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 September 8, 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

TITLE **P** ☐ Delete
NAME **VAUGHN, RONALD L DR**
STREET ADDRESS **801 WEST KENNEDY BLVD (401)**
CITY-ST-ZIP **TAMPA, FL 336061490**

TITLE **D** ☐ Delete
NAME **COVONE, MIKE**
STREET ADDRESS **11300 NE SECOND AVE**
CITY-ST-ZIP **MIAMI SHORES, FL 331616695**

TITLE **D** ☐ Delete
NAME **ROACH, PHIL**
STREET ADDRESS **1000 HOLT AVE. - 2730**
CITY-ST-ZIP **WINTER PARK, FL**

TITLE **D** ☐ Delete
NAME **MCCARTHY, JOHN**
STREET ADDRESS **3601 NORTH MILITARY TRAIL**
CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE **D** ☐ Delete
NAME **JURGENS, BILL**
STREET ADDRESS **150 W. UNIVERSITY BLVD.**
CITY-ST-ZIP **MELBOURNE, FL**

TITLE **D** ☐ Delete
NAME **WEBB, LOIS**
STREET ADDRESS **111 LAKE HOLLINGSWORTH DR**
CITY-ST-ZIP **LAKELAND, FL 338015698**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

x 7-9-04 (707)248-8460
Date Daytime Phone #