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FILED
May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50720 (4)

1. Corporation Name
SUNSHINE FOOTBALL OFFICIALS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 40552 ST. PETERSBURG FL 33743	P.O. BOX 40552 ST. PETERSBURG FL 33743

3. Date Incorporated or Qualified: 09/03/1992

4. FEI Number: 59-3143991 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SIMPSON, JERRY I.
4827 7TH AVENUE NORTH
ST. PETERSBURG FL 33713

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☒ DELETE	1.1 TITLE	PRESIDENT	☐ Change ☒ Addition
NAME	DOODS, GARRY W SR		1.2 NAME	PHILLIP KELLY	
STREET ADDRESS	17 FRIENDSHIP CT		1.3 STREET ADDRESS	2265 INDIAN AVE S	
CITY-ST-ZIP	SAFETY HARBOR FL		1.4 CITY-ST-ZIP	BELLEAIR BLUFFS FL 34640	
TITLE	SD	☐ DELETE	2.1 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
NAME	WHITTAKE, DAN		2.2 NAME	WALLEY DEVRIES	
STREET ADDRESS	1148 MISTWOOD LN		2.3 STREET ADDRESS	8134 122ND ST N	
CITY-ST-ZIP	TARPON SPRINGS FL		2.4 CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	PD	☒ DELETE	3.1 TITLE	TREASURER	☐ Change ☒ Addition
NAME	SHELMON, BEN		3.2 NAME	JIM BARWICK	
STREET ADDRESS	3360 SHORE DR		3.3 STREET ADDRESS	3401 70TH WAY N	
CITY-ST-ZIP	LARGO FL		3.4 CITY-ST-ZIP	ST PETERSBURG FL 33710	
TITLE		☐ DELETE	4.1 TITLE	DAVID BARBER - DIRECTOR	☐ Change ☒ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	2160 - OAK GROVE DR	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	CLEARWATER FL 34624	
TITLE		☐ DELETE	5.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME			5.2 NAME	ED BATES	
STREET ADDRESS			5.3 STREET ADDRESS	1450 CAROLYN DR	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE		☐ DELETE	6.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME			6.2 NAME	JERRY SIMPSON	
STREET ADDRESS			6.3 STREET ADDRESS	723 TALLAHASSEE DRIVE	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33707	

CR2E037 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jerry Simpson Treasurer 4/8/98 1-813-536-1231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0052332