

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002270

FILED  
Sep 11, 2007  
Secretary of State

**Entity Name:** THE SARASOTA FOOTBALL BOOSTERS II, INC.

**Current Principal Place of Business:**

C/O BOB PERKINS HEAD FOOTBALL COACH  
SARASOTA HIGH SCHOOL-1000 S. SCHOOL AVE  
SARASOTA, FL 34237

**New Principal Place of Business:**

**Current Mailing Address:**

C/O BOB PERKINS HEAD FOOTBALL COACH  
SARASOTA HIGH SCHOOL-1000 S. SCHOOL AVE  
SARASOTA, FL 34237

**New Mailing Address:**

C/O HIEDI BROWN  
16015 WINBURN DRIVE  
SARASOTA, FL 34240

**FEI Number:** 65-0411455      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BERKEY, JOITTA  
5813 COUNTRYWOOD DR  
SARASOTA, FL 34232      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: PERKINS, ROBERT M  
Address: 96 COLUMBIA RD  
City-St-Zip: VENICE, FL 34293

Title: TD      ( ) Delete  
Name: BROWN, HIEDI J  
Address: 16015 WINBURN DRIVE  
City-St-Zip: SARASOTA, FL 34240

Title: PD      ( ) Delete  
Name: BERKEY, JOITTA  
Address: 5813 COUNTRYWOOD DR  
City-St-Zip: SARASOTA, FL 34232

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HIEDI J. BROWN

TREA

09/11/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date