

# FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 27 AM 11:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N93000004745 (6)

1. Corporation Name

EAST MANATEE BULLDOGS FOOTBALL ASSOCIATION, INC.

Principal Place of Business

Mailing Address

507 67TH STREET N.W.  
BRADENTON FL 34209

507 67TH STREET N.W.  
BRADENTON FL 34209

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/20/1993  
3a. Date of Last Report 07/28/1994  
4. FEI Number 65-0573548  
NOT-APPLICABLE  
Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 10508-A  
Suite, Apt. #, etc.

26 P.O. Box 21091  
Suite, Apt. #, etc.

22 STATE ROAD 64 E.  
City & State

27  
City & State

23 BRADENTON, FLORIDA  
Zip Country

28 BRADENTON, FLORIDA  
Zip Country

24 34202  
25 U.S.A.

29 34203-1091  
30 U.S.A.

5. Certificate of Status Desired ☐ \$0.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALMSLEY, EDWARD L JR.  
507 67TH ST. N.W.  
BRADENTON FL 34209

81 Name GARFIELD JACKSON  
82 Street Address (P.O. Box Number is Not Acceptable) 1154 CARMELLA CIRCLE  
83  
84 City BRADENTON SARASOTA FL 85 Zip Code 34243

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Garfield Jackson*  
Signature of the corporation's officer or director who is authorized to execute this statement

GARFIELD JACKSON - PRESIDENT  
(NOTE: Registered Agent signature required when reinstating)

17 APRIL 1995  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                        |
|-----------------|------------------------|
| TITLE           | DP                     |
| NAME            | WALMSLEY, EDWARD L JR. |
| STREET ADDRESS  | 507 67TH ST. N.W.      |
| CITY - ST - ZIP | BRADENTON FL 34209     |
| TITLE           | DV                     |
| NAME            | HOLTON, ROY            |
| STREET ADDRESS  | 3225 17TH ST. EAST     |
| CITY - ST - ZIP | BRADENTON FL 34208     |
| TITLE           | DS                     |
| NAME            | HOLTON, TRENA          |
| STREET ADDRESS  | 3225 17TH ST. EAST     |
| CITY - ST - ZIP | BRADENTON FL 34208     |
| TITLE           |                        |
| NAME            |                        |
| STREET ADDRESS  |                        |
| CITY - ST - ZIP |                        |
| TITLE           |                        |
| NAME            |                        |
| STREET ADDRESS  |                        |
| CITY - ST - ZIP |                        |
| TITLE           |                        |
| NAME            |                        |
| STREET ADDRESS  |                        |
| CITY - ST - ZIP |                        |

|                     |                               |                                                                              |
|---------------------|-------------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE           | DP                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            | JACKSON, GARFIELD             |                                                                              |
| 1.3 STREET ADDRESS  | 1154 CARMELLA CIRCLE          |                                                                              |
| 1.4 CITY - ST - ZIP | SARASOTA, FLORIDA 34243       |                                                                              |
| 2.1 TITLE           | DV                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            | BURISH, THOMAS                |                                                                              |
| 2.3 STREET ADDRESS  | 10508-A, STATE ROAD 64-E      |                                                                              |
| 2.4 CITY - ST - ZIP | BRADENTON, FLORIDA 34202      |                                                                              |
| 3.1 TITLE           | DS                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            | PAULINE, KIM                  |                                                                              |
| 3.3 STREET ADDRESS  | 3009 50TH AVE DR. E.          |                                                                              |
| 3.4 CITY - ST - ZIP | BRADENTON, FLORIDA 34203      |                                                                              |
| 4.1 TITLE           | DT                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME            | SCOTT, TRACY                  |                                                                              |
| 4.3 STREET ADDRESS  | 712 53RD AVE DR. W.           |                                                                              |
| 4.4 CITY - ST - ZIP | BRADENTON, FLORIDA 34207      |                                                                              |
| 5.1 TITLE           |                               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME            | PAILLANAN, PAUL E.            |                                                                              |
| 5.3 STREET ADDRESS  | 7175 GULF OF MEXICO DRIVE #24 |                                                                              |
| 5.4 CITY - ST - ZIP | LOMBARD KEY, FLORIDA 34228    |                                                                              |
| 6.1 TITLE           |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            |                               |                                                                              |
| 6.3 STREET ADDRESS  |                               |                                                                              |
| 6.4 CITY - ST - ZIP |                               |                                                                              |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Paul E. Paillanan* Paul E. Paillanan, Director 17 APRIL 1995 813-383-5309  
Signature and Typed or Printed Name of Signing Officer or Director Date Telephone