

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90295 012 \*\*\*\*61.65

**DOCUMENT # N95000000478**

1. Entity Name

MOSLEY SPORTS FOUNDATION, INC.



Principal Place of Business

1600 MARINA BAY DR  
807  
PANAMA CITY FL 32409

Mailing Address

1600 MARINA BAY DR  
807  
PANAMA CITY FL 32409

14012239



MOORE CR2E037 (11/03)

2. Principal Place of Business

712 W. Pierson Dr.  
Suite, Apt. #, etc.

3. Mailing Address

712 W. Pierson Dr.  
Suite, Apt. #, etc.

City & State

Lynn Haven, FL  
Zip 32444 Country Bay

City & State

Lynn Haven, FL  
Zip 32444 Country

4. FEI Number

416-26-6215  
~~59-3296449~~

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REDFERN, JAMES R  
1600 MARINA BAY DR  
UNIT 807  
PANAMA CITY FL 32409

7. Name and Address of New Registered Agent

Name Marvin E. McCain  
Street Address (P.O. Box Number is Not Acceptable)

712 W. Pierson Dr.  
City Lynn Haven, FL Zip Code 32444

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

*Marvin E. McCain*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-04

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 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 NAME STREET ADDRESS CITY-ST-ZIP	DP REDFERN, JAMES 1600 MARINA BAY DR 807 PANAMA CITY FL 32409	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DENECKE, FRED 2701 BRIARCLIFF ROAD PANAMA CITY FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SHUMAKER, ROBERT 1938 QUAYLE RUM LYNN HAVEN FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary-Treasurer Barbara Kendrick 501 Mosley Drive Lynn Haven, FL 32444	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Marvin E. McCain*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-04 250-263-5328