

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002192

FILED  
May 07, 2007  
Secretary of State

**Entity Name:** THE "BUCCANEERS" YOUTH & ATHLETIC ASSOCIATION, INC.

**Current Principal Place of Business:**

4408 S.W. 25TH STREET  
HOLLYWOOD, FL 33023 43

**New Principal Place of Business:**

**Current Mailing Address:**

4408 S.W. 25TH STREET  
HOLLYWOOD, FL 33023 43

**New Mailing Address:**

**FEI Number:** 65-0659375 **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:**

BOWE, BERTRAM C SR.  
4408 S.W. 25TH STREET  
HOLLYWOOD, FL 33023 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: BOWE, BERTRAM C SR.  
Address: 4408 S.W. 25TH STREET  
City-St-Zip: HOLLYWOOD, FL 33023

Title: D ( ) Delete  
Name: MELVIN, GARY  
Address: 20615 NW 23 AVE  
City-St-Zip: OPA LOCKA, FL 33056

Title: D ( ) Delete  
Name: BOWE, SHERRY B  
Address: 4408 S.W. 256TH ST.  
City-St-Zip: HOLLYWOOD, FL 33023

**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: SHERRY BOWE

VP

05/07/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date