

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50720

Entity Name: SUNSHINE FOOTBALL OFFICIALS ASSOCIATION, INC.**Current Principal Place of Business:**13193 88TH AVE N
SEMINOLE, FL 33776**Current Mailing Address:**PO BOX 5302
CLEARWATER, FL 33758 US**FEI Number:** 59-3143991**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FRY, JOSEPH M
4978 KERNWOOD COURT
PALM HARBOR, FL 34685 US*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**Officer/Director Detail :**

Title	PRESIDENT
Name	PANCOAST, AARON J
Address	13193 88TH AVE N
City-State-Zip:	SEMINOLE FL 33764

Title	VP
Name	SULLIVAN, ED III
Address	2269 MACKENZIE CT
City-State-Zip:	CLEARWATER FL 33765

Title	DIRECTOR
Name	DYETT, BYRON SR.
Address	P.O. BOX 15386
City-State-Zip:	ST. PETERSBURG FL 33733

Title	DIRECTOR
Name	HAYES, SEAN
Address	2753 60TH ST. N.
City-State-Zip:	ST. PETERSBURG FL 33710

Title	SECRETARY
Name	PAYNE, JOHN
Address	8673 PINETREE DR E.
City-State-Zip:	SEMINOLE FL 33772

Title	TREASURER
Name	CITEK, PAUL
Address	2370 JAMAICAN ST. #36
City-State-Zip:	CLEARWATER FL 33763

Title	DIRECTOR
Name	DIXON, CLANCY
Address	7700 RIDGE ROAD 106B
City-State-Zip:	SEMINOLE FL 33772

Title	DIRECTOR
Name	GRUBB, KITTY
Address	7631 CARVER COURT
City-State-Zip:	SEMINOLE FL 33772

I hereby 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 all other like empowered.

SIGNATURE: AARON PANCOAST

PRESIDENT

01/09/2015

Electronic Signature of Signing Officer/Director Detail_____
Date