

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007650

FILED  
Jan 29, 2007  
Secretary of State

Entity Name: CORAL GLADES BASKETBALL ASSOCIATION, INC.

**Current Principal Place of Business:**

11295 NW 20TH DRIVE  
CORAL SPRINGS, FL 33071

**New Principal Place of Business:**

**Current Mailing Address:**

11295 NW 20TH DRIVE  
CORAL SPRINGS, FL 33071

**New Mailing Address:**

FEI Number: 20-1490816

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

REYNOLDS, CARLETTE R  
11295 NW 20TH DRIVE  
CORAL SPRINGS, FL 33071 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: P ( ) Delete  
Name: REYNOLDS, CARLETTE R  
Address: 11295 NW 20TH DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: V ( ) Delete  
Name: JOHNSON, FERNANDA  
Address: 11295 NW 20TH DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: T ( ) Delete  
Name: WILLIAMS, ROBERTA  
Address: 11295 NW 20TH DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: S (X) Delete  
Name: CRUME, TAWNY  
Address: 11295 NW 20TH DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: S (X) Delete  
Name: CARSON, CAROLYN  
Address: 11295 NW 20TH DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D ( ) Delete  
Name: QAIYIM, TARIQ COACH  
Address: 11295 NW 20TH DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33071

**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:

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 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: CARLETTE R REYNOLDS

P

01/29/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date