FILE NOW: FILING FEE IS \$61.25

→ NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N9400000128 (8)

APPROVED AND FILED

97 APR 29 AM 7: 52

SECRETARY OF STATE TALLAHASSEE. FLORIDA

FLORIDA BASKETBALL OFFICIALS, INC.								
Principal Plac	e of Busines	S	Ma	ailing Address			I HOUNIER ONE FEMALE AND IN COUNT ENDIN	BAN BONN BONK DOKUN HURUD HURUD HOOF ADAR HOOF
14 12 WOODQATE W AY TALLAHASSEE FL 32312 1412 WOODQATE WAY TALLAHASSEE FL 32312								
							3. Date Incorporated or Qualified 01/02/1994	3a. Date of Last Report 04/19/1996
2. Principal P	lace of Buşir		├- ~	Mailing Address	Q.		4. FEI Number 59-3218370	Applied For
21 7/5 Suite, Apl	# 616 Y	KOAd	26	Suite, Apt. #, etc.	KOAd		30 02 10070	Not Applicable \$8.75 Additional
22	₩, ¢,(♥.		27	Care, Apr. #, Oto.			5. Certificate of Status Desired	Fee Required
City & State City & State						- ,	6. Election Campaign Financing	\$5.00 May Be
	TALLAMSSER, FL 28 /A/IAhasse					<u>-/-</u>	Trust Fund Contribution	Added to Fees
Zip 24 323	10 B	Country 25 LEUN	1	Zip 3/3/8/	Cour	try -eun	6. This corporation has liability for	Intangible tax under s. 199.032, Yes No
24 323		and Address of Curre	29 ent Regis	tered Agent	[30]	+CON_	Fiorida Statutes L. 10. Name and Address of New Re	
1412 WOODGATE WAY TALLAHASSEE FL 32312- 84 City TA							Idy 5. DAVIS Idress (P.O. Box Number is Not Acceptal 5 Ty Ty ROAd Allahassee	FL 85 Zip Code 8
office or r agent. I a SIGNATURE	registered ag am familiar w Signature, typic	Sudy of	yent and little	trus) if applicable (NO			orporation submits this statement for the pration's board of directors. I hereby accelulated when reinstairs (ADDITIONS/CHANGES TO OFFICE ADDITIONS/CHANGES TO OFFICE ADDITIONS/CHANGES TO OFFICE ADDITIONS/CHANGES TO OFFI	4/25/97
TITLE	D			DELETE	1,1 101			Change Addition
NAME	DAVIS, J				1.2 NA	đE €	DAVIS, Judy 5	
STREET ADDRESS	1	OODGATE WAY~			1	EET ADDRESS	715 TYTY ROAD	
CITY-ST-ZIP	D	ASSEE FL 32312		DELETE	1.4 C/T 2.1 T/T/		Tallahasseg FL 32308	Change Addition
NAME	HARRIS,	ROR I		C OLLLE	2.2 NA	ì	6000021	633064 3701067001
STREET ADDRESS		SEMONT RIDGE				EET ADORESS.	-05/02/	97 <u></u> 01067 0 01
CITY - ST - ZIP		ASSEE FL 32312				Y-ST-ZIP	****	25 *****61.25
TITLE	D			☐ DELETE	3.1 7171	F I	>	Change
NAME		KELLEY K			3.2 NA	AE S	Shank, Kelley K 412 Woodgak Way	
STREET ADDRESS		llapoosa roa d			3 3 STF	eet address 🔰	412 Woodgare way	
CITY-SI-ZIP	TALLAH	ASSEE FL 32308					IAHAHASSEE, FL 82301	
TITLE				DELETE	4.1 TIT		•	Change Addition
NAME	1				4.2 NA			•
STREET ADDRESS	l					EET AODRESS		
CITY - ST - ZIP	ļ			DELETE		r-st-zip		Change Addition
TITLE	1			FT) Derete	5.1 TIT	1		C Olarife C vooillon
NAME]				52 NAI	1		
STREET ADDRESS	1					EET ADDRESS	.00	TOWN TO VENEZON TO
CITY+S1-ZIP TITLE				DELETE	6.1 YIT	r - ST - ZiP		Changa Addition
NAME]			- Peters	6.2 NAJ		41, N/2	\
STREET ADDRESS	1					EET ADDRESS	(*)	
CITY-ST-ZIP	1					(-SI-ZIP		

14. I do 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 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 the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or/Block 13 if changed or on an attachment with an address.

SIGNATURE:

IGNATURE IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daylime Phone # 0006398