

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000008707

**Entity Name:** TRAVEL BASKETBALL ASSOCIATION, CORP**Current Principal Place of Business:**2167 VELVET LEAF DRIVE  
OCOE, FL 34761**Current Mailing Address:**2582 MAGUIRE ROAD, BOX #413  
OCOE, FL 34761 US**FEI Number:** 90-0923066**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MILFORD CONSULTING LLC  
4327 S HWY 27  
SUITE 419  
CLERMONT, FL 34711 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:** EDMUND A MILFORD

09/13/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P
Name	BROWN, SAM
Address	2167 VELVET LEAF DRIVE
City-State-Zip:	OCOE FL 34761
Title	S
Name	HARRIS, SHARON
Address	2582 MAGUIRE ROAD, BOX #413
City-State-Zip:	OCOE FL 34761
Title	D
Name	BROWN, SABRINA
Address	2582 MAGUIRE ROAD, BOX #413
City-State-Zip:	OCOE FL 34761
Title	V
Name	BROWN, YOLANDA
Address	2582 MAGUIRE ROAD, BOX #413
City-State-Zip:	OCOE FL 34761

Title	ETC
Name	BROWN, SAM
Address	2167 VELVET LEAF DRIVE
City-State-Zip:	OCOE FL 34761
Title	ETC
Name	GRAHAM, MARIE
Address	2167 VELVET LEAF DRIVE
City-State-Zip:	OCOE FL 34761
Title	ETC
Name	BROWN, SAM
Address	2167 VELVET LEAF DRIVE
City-State-Zip:	OCOE FL 34761
Title	C
Name	BROWN, TIERRA
Address	2582 MAGUIRE ROAD, BOX #413
City-State-Zip:	OCOE FL 34761

**Continues on page 2**

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:** SAM BROWN

P

09/13/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title T  
Name REID, NORDEAN  
Address 2582 MAGUIRE ROAD, BOX #413  
City-State-Zip: OCOEE FL 34761

Title D  
Name HARRIS, DARYL  
Address 2582 MAGUIRE ROAD, BOX #413  
City-State-Zip: OCOEE FL 34761

Title D  
Name GRAHAM, AMBROSHIA  
Address 2582 MAGUIRE ROAD, BOX #413  
City-State-Zip: OCOEE FL 34761

Title D  
Name LAUREN, ASHLEY  
Address 2582 MAGUIRE ROAD, BOX #413  
City-State-Zip: OCOEE FL 34761

Title D  
Name BROWN, SAMUARY  
Address 2582 MAGUIRE ROAD, BOX #413  
City-State-Zip: OCOEE FL 34761

Title D  
Name BROWN, ERNESTINE  
Address 2582 MAGUIRE ROAD, BOX #413  
City-State-Zip: OCOEE FL 34761