

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northern
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 18 PM 11:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 724277 (9)

1. Corporation Name

FLORIDA YOUTH BASKETBALL, INC

Principal Place of Business

Mailing Address

**1000 CITY CENTER CIRCLE
RECREATION DEPT
PORT ORANGE FL 32119
US**

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RECREATION DEPT
PORT ORANGE FL 32119
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/01/1972	3a. Date of Last Report 02/15/1994
4. FEI Number 23-7242596	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WALKER, GLEN
5808 NOB HILL BLVD
PORT ORANGE FL 32127**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

GLEN WALKER

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

APRIL 12, 1995

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	ROWLEY, HILARY	1.2 NAME	
STREET ADDRESS	108 E ORANGE AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	TEGARDEN, SUSAN	2.2 NAME	
STREET ADDRESS	1320 5 ST N	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	AVELLINO, ARTHUR	3.2 NAME	
STREET ADDRESS	1410 SW 6TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	MOONEY, SHARON	4.2 NAME	
STREET ADDRESS	123 W INDIANA	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	SALLADE, CARL	5.2 NAME	
STREET ADDRESS	1 COVENTRY WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	WILTON MANORS FL	5.4 CITY-ST-ZIP	
TITLE	P	6.1 TITLE	☐ Change ☐ Addition
NAME	WALKER, GLEN	6.2 NAME	
STREET ADDRESS	5808 NOB HILL BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 or 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: GLEN WALKER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 12, 1995 904-756-5389

Date

Daytime Phone #