

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



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

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

1000 CITY CENTER CIRCLE
RECREATION DEPT
PORT ORANGE FL 32119
US

3. Date Incorporated or Qualified

09/01/1972

3a. Date of Last Report

04/18/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

23-7242596

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WALKER, GLEN
5806 NOB HILL BLVD
PORT ORANGE FL 32127**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**D
ROWLEY, HILARY
108 E ORANGE AVE
DAYTONA BEACH FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**D
TEGARDEN, SUSAN
1320 5 ST N
ST PETERSBURG FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**D
AVELLINO, ARTHUR
1410 SW 6TH STREET
CAPE CORAL FL**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☒ DELETE

**D
MOONEY, SHARON
123 W INDIANA
DELAND FL**

4.1 TITLE ☐ Change ☒ Addition

TITLE ☐ DELETE

**V
SALLADE, CARL
1 COVENTRY WAY
WILTON MANORS FL**

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**P
WALKER, GLEN
5806 NOB HILL BLVD.
PORT ORANGE FL**

6.1 TITLE ☐ Change ☐ Addition

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 119.07(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, on an attachment with an address.

SIGNATURE:

Glen T. Walker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 14, 1996

904 956-5389

Date

Daytime Phone #

CR2E037 (12/95)