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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 7242

(9)

## FLORIDA YOUTH BASKETBALL, INC

FILED Mar 03 1997 8:00am Secretary of State



2. Principal Place of Business   2a. Mailing Address   4. FEI Number   237242596   Applied   App	Principal Place	of Business	Mailing Address				- I JEBINI IODIO MBIC BIBIO NON TODII HAD	it mämta mantit s	11011 A1011 A181	1 01011 FO 01
US  2. Principal Place of Business  2. Amaling Address  2. Principal Place of Business  2. Amaling Address  2. Principal Place of Business  2. Suite, Apt. #, etc.  3. Suite, Apt. #, etc.  4. FEI Number 23-7242596  3. New Applied   \$8.75 Addition   \$8.75 Additions   \$9.75 Addition   \$9.75 Addition   \$9.75 Additions   \$9.75 Addition   \$9.75 Additions   \$9.75 Additions	1000 CITY CENTS RECREATION DE	er circle Pt	RECREATION DEPT							
Suito, Apt. #, etc.		FL 32119		J19-4144			3. Date Incorporated or Qualified 09/01/1972	3a. Date	e of Last Re 4/22/199	port 6
States, Apt. #, etc.   Sude, Apt. #, otc.   State	******	ace of Business					4. FEI Number 23-7242596		<del>/</del>	
City & State  23	Suite, Apt. i	#, etc.	Suite, Apt. #, etc				5. Certificate of Status Desired			
Zip	City & State	3	City & State				, -	П		
9. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  WALKER, GLEN \$806 NOB HILL BLVD PORT ORANGE FL 32127  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code  86 Zip City Register Address (P.O. Box Number is Not Acceptable)  86 Zip City Register Address (P.O. Box Number is Not Acceptable)  86 Zip City Register Address (P.O. Box Number is Not Acceptable)  86 Zip Code  86 Zip City Register Address (P.O. Box Number is Not Acceptable)  87 Zip Code  88 Zip		Country		Cou	untry					
WALKER, GLEN \$806 NOB HILL BLVD PORT ORANGE FL 32127  ### City	<b>_</b> ·	├─ <b>┐</b> ′	<del></del> 1	30	•					,
WALKER, GLEN \$606 NOB HILL BLVD PORT ORANGE FL 32127  40  41  42  44  City  FL  82  Sireat Address (P.C. Box Number is Not Acceptable)  43  City  FL  85  Zip Code  44  City  FL  85  Zip Code  45  ADDITIONS/CHANGES to the propose of changing its regist agent. I am tamiliar with, and accept the obligations of, Section 617,3503, Florida Statutes.  45  SIGNATURE  12.  OFFICERS AND DIRECTORS  13.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  14.  BRWE  SIRET ADDRESS  CITY-S1-ZP  14.  DELETE  14.  DELETE  15.  DELETE  15.  DELETE  27.  CHANGES  SIRET ADDRESS  CITY-S1-ZP  AVELINO, ARTHUR  12.  AVELINO, ARTHUR  12.  AVELINO, ARTHUR  14.  AVELINO, ARTHUR  15.  AVELINO, ARTHUR  16.  AVELINO, ARTHUR  17.  AVELINO, ARTHUR  18.  AVELINO, ARTHUR  18.  AVELINO  Change  AVE			nt Registered Agent				10. Name and Address of New Reg	gistered A	gent	
\$806 NOB HILL BLVD PORT ORANGE FL 32127  11. Pursuant to the provisions of Sectors 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and tambier with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and tambier agent and attention and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and tambier with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and tambier with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the statute as a statute agent and accept the obligations of directors. I hereby accept the obligation is a statute and accept the obligations of directors. I hereby accept the obligation as a statute agent and accept agent					81	Name				
PORT ORANGE FL 32127    Bas					82 Street Ad		ess (P.O. Box Number is Not Acceptab	le)		
TILLE  D  OFFICERS AND DIRECTORS  CITY-SI-ZIP  DAYTONA BEACH FL  UNSUER TADDRESS  SIRET ADDRESS  SIRET ADDRESS  SIRET ADDRESS  CITY-SI-ZIP  TILLE  D  ORACHLE STREET ADDRESS  SIRET ADDRESS  CITY-SI-ZIP  TILLE  D  ORACHLE STREET ADDRESS  CITY-SI-ZIP  TILLE  D  ORACHLE STREET ADDRESS  SIRET ADDRESS  CITY-SI-ZIP  TILLE  D  ORACHLE STREET ADDRESS  CITY-SI-ZIP  TILLE  D  ORACHLESS  CITY-SI-ZIP  CARPO CORAL FL  STREET ADDRESS  CITY-SI-ZIP  CARPO CORAL FL  STREET ADDRESS  CITY-SI-ZIP  TILLE  D  ORACHLESS  CAPE CORAL FL  STREET ADDRESS  CITY-SI-ZIP  TILLE  D  ORACHLESS  CAPE CORAL FL  STREET ADDRESS  CITY-SI-ZIP  TILLE  D  ORACHLESS  CAPE CORAL FL  STREET ADDRESS  CITY-SI-ZIP  TILLE  D  ORACHLESS  CAPE CORAL FL  STREET ADDRESS  CITY-SI-ZIP  TILLE  D  ORACHLESS  CAPE CORAL FL  STREET ADDRESS  CITY-SI-ZIP  TILLE  D  ORACHLESS  CAPE CORAL FL  STREET ADDRESS  CITY-SI-ZIP  TILLE  D  ORACHLESS  CAPE CORAL FL  STREET ADDRESS  CITY-SI-ZIP  TILLE  D  ORACHLESS  CAPE CORAL FL  STREET ADDRESS  CITY-SI-ZIP  TILLE  D  ORACHLESS  CAPE CORAL FL  Change  C					83					
11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registration of the purpose of					84	City			85 Zip (	Code
office or registered agent, or both, in the State of Horida Such change was authorized by the corporation's board or directors. Thereby accept the appointment as register agent. I am familiar with, and accept the obligations of, Soction 617,0505, Fiorida Statufes.  SIGNATURE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  THE ROWLEY, HILARY DELETE 1,111TLE Change 7  THE ROWLEY, HILARY 1,3 STREET ADDRESS  CITY S1-7P  TITLE D D DELETE 2,111TLE CHANGE  TEGARDEN, SUSAN 2,3 STREET ADDRESS  CITY-S1-7P  TITLE D D DELETE 3,11TLE  D DELETE 3,11TLE  D DELETE 3,11TLE  D DELETE 3,1TLLE  THE D CHANGE 7  THE CAPE CORAL FL 4, THE CHANGES 7  THE CAPE CORAL FL 4, THE CHANGES 7  THE CAPE CORAL FL 4, THE CHANGE 7  THE D CHANGE 7  THE D CHANGE 7  THE D CHANGE 7  THE CAPE CORAL FL 5, THE CHANGES 7  THE CAPE CORAL FL 5, THE CHANGES 7  THE CAPE CORAL FL 5, THE CHANGES 7  THE D CHANGE 7  THE D CHANGE 7  THE D CHANGE 7  THE CAPE CORAL FL 5, THE CHANGES 7  THE CAPE CORAL FL 5, THE CHANGES 7  THE CAPE CORAL FL 5, THE CHANGES 7  THE CAPE CORAL FL 5, THE CHANGE 7  THE CAPE CORAL FL 5  THE CAPE CORAL					<u>                                     </u>				shanaina it	a racintara
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C(IY-ST-ZIP PORT ORANGE FL 64 CITY-ST-ZIP 64 CITY-ST-ZIP 14. Lido hereby certify that the information upplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	1410 SW 6TH STREET CAPE CORAL FL D GONZALEZ, ANTHONY 649 W LIVINGSTON ST ORLANDO FL V SALLADE, CARL 1 COVENTRY WAY WILTON MANORS FL P WALKER, GLEN	[_] DELET	3.3 S 3.4.0 4.1 T 4.2 I 4.3 S 4.4 C TE 5.1 T 5.2 N 5.3 S 5.4 C TE 6.1 I 6.2 N	NAME STREET. CCITY-S TITLE NAME STREET CCITY-S TITLE NAME STREET CCITY-S TITLE NAME	ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADORESS 1-ZIP			Change	Addition Addition Addition

1. 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 the report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed of on an attachment with an oddress.

SIGNATURE:

INATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/97 904 756-5389