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Mar 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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
US1000 CITY CENTER CIRCLE
RECREATION DEPT
PORT ORANGE FL 32119-4144
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
09/01/19723a. Date of Last Report
04/22/1996

4. FEI Number

23-7242596

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☐ No

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 D ☐ DELETE
NAME ROWLEY, HILARY
STREET ADDRESS 108 E ORANGE AVE
CITY-ST-ZIP DAYTONA BEACH FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME TEGARDEN, SUSAN
STREET ADDRESS 1320 5 ST N
CITY-ST-ZIP ST PETERSBURG FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME AVELLINO, ARTHUR
STREET ADDRESS 1410 SW 8TH STREET
CITY-ST-ZIP CAPE CORAL FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME GONZALEZ, ANTHONY
STREET ADDRESS 649 W LIVINGSTON ST
CITY-ST-ZIP ORLANDO FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE V ☐ DELETE
NAME SALLADE, CARL
STREET ADDRESS 1 COVENTRY WAY
CITY-ST-ZIP WILTON MANORS FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE P ☐ DELETE
NAME WALKER, GLEN
STREET ADDRESS 5806 NOB HILL BLVD.
CITY-ST-ZIP PORT ORANGE FL6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0002459

CR2E037 (9/96)