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Mar 16 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

4. FEI Number

23-7242596

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WALKER, GLEN  
5806 NOB HILL BLVD  
PORT ORANGE FL 32127

10. Name and Address of New Registered Agent

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

*Glen T. Walker*  
Signature, typed or printed name of registered agent and title if applicable

*GLEN T. WALKER*  
(NOTE: Registered Agent signature required when reinstating)

*Mar 10, 1998*  
DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROWLEY, HILARY	
STREET ADDRESS	108 E ORANGE AVE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TEGARDEN, SUSAN	
STREET ADDRESS	1320 5 ST N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	AVELLINO, ARTHUR	
STREET ADDRESS	1410 SW 6TH STREET	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GONZALEZ, ANTHONY	
STREET ADDRESS	849 W LIVINGSTON ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SALLADE, CARL	
STREET ADDRESS	1 COVENTRY WAY	
CITY-ST-ZIP	WILTON MANORS FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WALKER, GLEN	
STREET ADDRESS	5806 NOB HILL BLVD.	
CITY-ST-ZIP	PORT ORANGE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.1 TITLE	D
1.2 NAME	WALTER MCCOY
1.3 STREET ADDRESS	108 E ORANGE AVE
1.4 CITY-ST-ZIP	DAYTONA BEACH FL
2.1 TITLE	D
2.2 NAME	JOSEPH MEMMO
2.3 STREET ADDRESS	1320 5 ST N
2.4 CITY-ST-ZIP	ST PETERSBURG FL
3.1 TITLE	D
3.2 NAME	RONALD OSBORNE
3.3 STREET ADDRESS	171 NORTH LAKE AVENUE
3.4 CITY-ST-ZIP	PAHOKEE FL
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *Glen T. Walker*

*Mar 10, 1998*  
904 756-5391

CR2E037 (10/97)