

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90084 033 ****61.25

DOCUMENT # 724277

1. Corporation Name

FLORIDA YOUTH BASKETBALL, INC

Principal Place of Business

1000 CITY CENTER CIRCLE
RECREATION DEPT
PORT ORANGE FL 32119
US

Mailing Address

1000 CITY CENTER CIRCLE
RECREATION DEPT
PORT ORANGE FL 32119
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

09/01/1972

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

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

3/19/99

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	649 W LIVINGSTON ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE	V	<input checked="" 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

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WALTER MECOY	
1.3 STREET ADDRESS	108 E. ORANGE AVE	
1.4 CITY-ST-ZIP	DAYTONA BEACH, FL	
2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOSEPH MEMMO	
2.3 STREET ADDRESS	1320 5TH ST-N	
2.4 CITY-ST-ZIP	ST PETERSBURG, FL	
3.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RONALD OSBORNE	
3.3 STREET ADDRESS	171 NORTH LAKE AVENUE	
3.4 CITY-ST-ZIP	PAHOKEE, FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MR PETE OUSLEY	
5.3 STREET ADDRESS	210 CYPRESS GARDENS BLVD W	
5.4 CITY-ST-ZIP	WINTER HAVEN, FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 in an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] SIGNATURE R G D E W R L W A L K E R

3/19/99

(904) 756-5391

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)