2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004
Secretary of State

DOCUMENT# 724277

Entity Name: FLORIDA YOUTH BASKETBALL, INC

Current Principal Place of Business:

2941 HICKORY CREEK DRIVE
ORLANDO, FL 32818 US

New Principal Place of Business:

Current Mailing Address:

2941 HICKORY CREEK DRIVE
ORLANDO, FL 32818 US

New Mailing Address:

FEI Number: 23-7242596 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, BILL
2941 HICKORY CREEK DRIVE
ORLANDO, FL 32818 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	SMITH, BILL	
Address:	2941 HICKORY CREEK DRIVE	
City-St-Zip:	ORLANDO, FL 32818 US	
Title:	VP	( ) Delete
Name:	GONZALEZ, ANTHONY	
Address:	1400 GASTON FOSTER ROAD	
City-St-Zip:	ORLANDO, FL 32812	
Title:	STD	( ) Delete
Name:	FUSSELL, CINDY	
Address:	2413 S SUMMERLIN AVENUE	
City-St-Zip:	ORLANDO, FL 32806	
Title:	DC	( ) Delete
Name:	CALLIHAN, RON	
Address:	1121 LUCERNE AVENUE	
City-St-Zip:	HAINES CITY, FL	
Title:	DC	( ) Delete
Name:	OSBOURNE, RON	
Address:	1121 LUCERNE AVENUE	
City-St-Zip:	LAKE WORTH, FL 33460	
Title:	DCD	( ) Delete
Name:	WESTON, RHONDY	
Address:	649 W LIVINGSOTN AVENUE	
City-St-Zip:	ORLANDO, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILL SMITH PD 01/08/2004

Electronic Signature of Signing Officer or Director — Date