

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 766440 (2)**  
1. Corporation Name  
**SUNCOAST YOUTH BASKETBALL ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**7634 MASSACHUSETTS AVENUE  
NEW PORT RICHEY FL 34653**

2. Principal Place of Business 2a. Mailing Address  
**21** Suite, Apt. #, etc. **26** Suite, Apt. #, etc.  
**22** City & State **27** City & State  
**23** Zip **25** Country **29** Zip **30** Country

3. Date Incorporated or Qualified **01/06/1983** 3a. Date of Last Report **04/05/1995**  
4. FEI Number **59-2950922** 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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

## 9. Name and Address of Current Registered Agent

**ANDERS, GARY L.  
10960 LAKEVIEW DR  
NEW PORT RICHEY FL 34654**

## 10. Name and Address of New Registered Agent

**81** Name **FRANCIS LEONARD WORWA**  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**7634 MASSACHUSETTS AVENUE**  
**83**  
**84** City **NEW PORT RICHEY** **FL** **85** Zip Code **34653**

11. Pursuant to the provisions of Sections 617.0502 and 617.1608, 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]* **FRANCIS LEONARD WORWA** **1-29-96**  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE **SD** ☐ DELETE  
NAME **ANDERS, GARY L.**  
STREET ADDRESS **10960 LAKEVIEW DR**  
CITY-ST-ZIP **NEW PORT RICHEY FL**  
TITLE **TD** ☐ DELETE  
NAME **WORWA, LEONARD**  
STREET ADDRESS **7634 MASSACHUSETTS AVE**  
CITY-ST-ZIP **NEW PORT RICHEY FL**  
TITLE **PD** ☐ DELETE  
NAME **WICHMANOWSKI, HENRY**  
STREET ADDRESS **7335 CHINABERRY CT**  
CITY-ST-ZIP **PORT RICHEY FL**  
TITLE **VD** ☐ DELETE  
NAME **HALKITIS, MICHAEL**  
STREET ADDRESS **CASEY DR**  
CITY-ST-ZIP **NEW PORT RICHEY FL**  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]* **LEONARD WORWA** **1-29-96** **813-847-5473**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)