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Feb 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Moftam Secretary of State DIVISION OF CORPORATIONS
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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** **7634 MASSACHUSETTS AVENUE
NEW PORT RICHEY FL 34653-3022**

3. Date Incorporated or Qualified **01/06/1983** 3a. Date of Last Report **02/01/1996**

2. Principal Place of Business 21 Suite, Apt. #, etc. 7335 Chinaberry Ct City & State Port Richey FL Zip 34668	2a. Mailing Address 26 Suite, Apt. #, etc. 7335 Chinaberry Ct City & State Port Richey FL Zip 34668	4. FEI Number 59-2850922 Applied For <input type="checkbox"/> Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24	25	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
29	30	10. Name and Address of New Registered Agent

**WORWA, FRANCIS L.
7634 MASSACHUSETTS AVE.
NEW PORT RICHEY FL 34653**

81 Name (Chip) Henry Wichmanowski
82 Street Address (P.O. Box Number is Not Acceptable) 7335 Chinaberry Ct
83
84 City Port Richey FL
85 Zip Code 34668

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 *Henry L. Worwa* *Henry G. Wichmanowski* **1/14/97**
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 SD	ANDERS, GARY L. 10960 LAKEVIEW DR NEW PORT RICHEY FL	1.1 TITLE P	Declan Mansfield 8300 Massachusetts Ave. NPR, FL 34652
TITLE TD	WORWA, LEONARD 7634 MASSACHUSETTS AVE NEW PORT RICHEY FL	2.1 TITLE VP	Chip Wichmanowski 7335 Chinaberry Ct Port Richey, FL 34668
TITLE PD	WICHMANOWSKI, HENRY 7335 CHINABERRY CT PORT RICHEY FL	3.1 TITLE S/T	Pam Sherwood 5517 Manatee Pt Dr NPR, Fla 34652
TITLE VD	HALKITIS, MICHAEL CASEY DR NEW PORT RICHEY FL	4.1 TITLE D	Chuck Sherwood 5517 Manatee Pt Dr NPR, Fla 34652
TITLE 		5.1 TITLE 	
TITLE 		6.1 TITLE 	

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: *Henry G. Wichmanowski* **1/14/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0068021**

CR2E037 (9/96)