

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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
7335 CHINABERRY CT PORT RICHEY FL 34668	7335 CHINABERRY CT PORT RICHEY FL 34668

3. Date Incorporated or Qualified	01/06/1983
4. FEI Number	59-2050922
Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent

WICHMANOWSKI, CHIP/HENRY
7335 CHINABERRY CT
PORT RICHEY FL 34668

10. Name and Address of New Registered Agent

81 Name	Mansfield, Declan
82 Street Address (P.O. Box Number is Not Acceptable)	8300 Massachusetts Ave
83	
84 City	NPR
85 Zip Code	FL 34652

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]*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 7/14/98

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	MANSFIELD, DECLAN
STREET ADDRESS	8300 MASSACHUSETTS AVE.
CITY-STATE-ZIP	NPR FL 34652
TITLE	V
NAME	WICHMANOWSKI, CHIP
STREET ADDRESS	7335 CHINABERRY CT
CITY-STATE-ZIP	PORT RICHEY FL 34668
TITLE	PD
NAME	WICHMANOWSKI, HENRY
STREET ADDRESS	7335 CHINABERRY CT
CITY-STATE-ZIP	PORT RICHEY FL
TITLE	ST
NAME	SHERWOOD, PAM
STREET ADDRESS	5517 MANATEE PT DR
CITY-STATE-ZIP	NPR FL 34652
TITLE	D
NAME	SHERWOOD, CHUCK
STREET ADDRESS	5517 MANATEE PT DR
CITY-STATE-ZIP	NPR FL 34652
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/25/98

Date

Daytime Phone #

CR2E037 (5/98)