

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Mar 31, 1999 8:00 am**  
**Secretary of State**

03-31-1999 90041 041 \*\*\*\*61.25  
09-02-1999 90006 043 \*\*\*\*61.25

**DOCUMENT # 766440**

1. Corporation Name

**SUNCOAST YOUTH BASKETBALL ASSOCIATION, INC.**

Principal Place of Business

7335 CHINABERRY CT  
PORT RICHEY FL 34668

Mailing Address

7335 CHINABERRY CT  
PORT RICHEY FL 34668

6 612137-90006-43 7 \*



|                                |                         |                         |                         |  |  |
|--------------------------------|-------------------------|-------------------------|-------------------------|--|--|
| 2. Principal Place of Business |                         | 2a. Mailing Address     |                         | 3. Date incorporated or Qualified  |  |
| 21                             | 8300 MASSACHUSETTS AVE. | 26                      | 8300 MASSACHUSETTS AVE. | 01/06/1983   |  |
| Suite, Apt. #, etc.            |                         | Suite, Apt. #, etc.     |                         | 4. FEI Number  |  |
| 22 New Port Richey, FL.        |                         | 27 New Port Richey, FL. |                         | 59-2950922   |  |
| City & State                   |                         | City & State            |                         | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| 23                             |                         | 28                      |                         | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees      |  |
| Zip                            |                         | Zip                     |                         | Trust Fund Contribution  |  |
| 24                             | 34653                   | 29                      | 34653                   | 30 USA   |  |
| Country                        |                         | Country                 |                         |  |  |
| 25 USA                         |                         | 30 USA                  |                         |  |  |

9. Name and Address of Current Registered Agent

MANSFIELD, DECLAN  
8300 MASSACHUSETTS  
NEW PORT RICHEY FL 34652

10. Name and Address of New Registered Agent

|    |  |
|----|--|
| 81 | Name   |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 |  |
| 84 | City   |
| 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, 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 617.0502, Florida Statutes.

SIGNATURE *Declan P. Mansfield* *DECLAN P. MANSFIELD* 8/13/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                         | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                         |
|----------------------------|-------------------------|---|-------------------------|
| TITLE                      | P                       | 1.1 TITLE   | P                       |
| NAME                       | MANSFIELD, DECLAN       | 1.2 NAME  | JIM CIADELLA            |
| STREET ADDRESS             | 8300 MASSACHUSETTS AVE. | 1.3 STREET ADDRESS                                    | 8300 MASSACHUSETTS AVE. |
| CITY-ST-ZIP                | NPR FL 34652            | 1.4 CITY-ST-ZIP                                       | N.P.R., FL. 34653       |
| TITLE                      | V                       | 2.1 TITLE   | V.P.                    |
| NAME                       | WICHMANOWSKI, CHIP      | 2.2 NAME  | RANDY KOENIGS FELD      |
| STREET ADDRESS             | 7335 CHINABERRY CT      | 2.3 STREET ADDRESS                                    | 8300 MASSACHUSETTS AVE. |
| CITY-ST-ZIP                | PORT RICHEY FL 34668    | 2.4 CITY-ST-ZIP                                       | N.P.R., FL. 34653       |
| TITLE                      | PD                      | 3.1 TITLE   | 67                      |
| NAME                       | WICHMANOWSKI, HENRY     | 3.2 NAME  | JOANN SURMIN            |
| STREET ADDRESS             | 7335 CHINABERRY CT      | 3.3 STREET ADDRESS                                    | 8300 MASSACHUSETTS AVE. |
| CITY-ST-ZIP                | PORT RICHEY FL          | 3.4 CITY-ST-ZIP                                       | N.P.R., FL. 34653       |
| TITLE                      | ST                      | 4.1 TITLE   | D.                      |
| NAME                       | SHERWOOD, PAM           | 4.2 NAME  | DECLAN MANSFIELD        |
| STREET ADDRESS             | 5517 MANATEE PT DR      | 4.3 STREET ADDRESS                                    | 8300 MASSACHUSETTS AVE. |
| CITY-ST-ZIP                | NPR FL 34652            | 4.4 CITY-ST-ZIP                                       | N.P.R., FL. 34653       |
| TITLE                      | D                       | 5.1 TITLE   | D.                      |
| NAME                       | SHERWOOD, CHUCK         | 5.2 NAME  | RICK BUCKMAN            |
| STREET ADDRESS             | 5517 MANATEE PT DR      | 5.3 STREET ADDRESS                                    | 8300 MASSACHUSETTS AVE. |
| CITY-ST-ZIP                | NPR FL 34652            | 5.4 CITY-ST-ZIP                                       | N.P.R., FL. 34653       |
| TITLE                      |                         | 6.1 TITLE   |                         |
| NAME                       |                         | 6.2 NAME  |                         |
| STREET ADDRESS             |                         | 6.3 STREET ADDRESS                                    |                         |
| CITY-ST-ZIP                |                         | 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Declan P. Mansfield* SIGNATURE REQUIRED 8/13/99 727-843-0097  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (5/99)