

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768846

FILED
May 01, 2004
Secretary of State**Entity Name:** FORT MYERS-LEE COUNTY YOUTH BASKETBALL ASSOCIATION, INC.**Current Principal Place of Business:**9675 SPRING RIDGE CIRCLE
ESTERO, FL 33928**New Principal Place of Business:****Current Mailing Address:**9675 SPRING RIDGE CIRCLE
ESTERO, FL 33928**New Mailing Address:****FEI Number:** 59-2326257**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DONMOYER, JAMES
9675 SPRING RIDGE CIR
ESTERO, FL 33928 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: DONMOYER, JAMES
Address: 9675 SPRING RIDGE CIRCLE
City-St-Zip: ESTERO, FL 33928**Title:** DVP () Delete
Name: BENNETT, DAVID
Address: 8814 FORDHAM AVE.
City-St-Zip: FT. MYERS, FL 33907**Title:** DST () Delete
Name: WHITLEY, STEVEN R
Address: 15783 SILVERADO COURT SW
City-St-Zip: FORT MYERS, FL 33908**Title:** DST () Delete
Name: STEWART, JOHN
Address: 2121 W. FIRST ST.
City-St-Zip: FT. MYERS, FL 33901**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:

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: JAMES E. DONMOYER

PD

05/01/2004

Electronic Signature of Signing Officer or Director

Date