

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768846

FILED
Apr 29, 2009
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:

1721 SW 23RD STREET
CAPE CORAL, FL 33991

Current Mailing Address:

9675 SPRING RIDGE CIRCLE
ESTERO, FL 33928

New Mailing Address:

1721 SW 23RD STREET
CAPE CORAL, FL 33991

FEI Number: 59-2326257

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DONMOYER, JAMES
9675 SPRING RIDGE CIR
ESTERO, FL 33928 US

Name and Address of New Registered Agent:

DONABED, GARY P
1721 SW 23RD STREET
CAPE CORAL, FL 33991 US

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: GARY P. DONABED

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DONMOYER, JAMES
Address: 9675 SPRING RIDGE CIRCLE
City-St-Zip: ESTERO, FL 33928

Title: PD () Delete
Name: DONABED, GARY
Address: 1721 SW 23RD STREET
City-St-Zip: CAPE CORAL, FL 33991

Title: DVP (X) Delete
Name: WAGNER, ROBERT
Address: 6237 PRESIDENTIAL COURT UNIT D
City-St-Zip: FORT MYERS, FL 33919 US

Title: DS (X) Delete
Name: SHIPLEY, BRAD
Address: 16143 MOUNT ABBEY WAY
City-St-Zip: FT. MYERS, FL 33908 US

Title: DT (X) Delete
Name: FLYNN, RODNEY
Address: 1423 SE 16TH PLACE UNIT 102
City-St-Zip: CAPE CORAL, FL 33990 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: DONABED, GARY
Address: 1721 SW 23RD STREET
City-St-Zip: CAPE CORAL, FL 33991 US

Title: VP (X) Change () Addition
Name: DONMOYER, JAMES
Address: 9675 SPRING RIDGE CIRCLE
City-St-Zip: ESTERO, FL 33928 US

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 exemption stated in Chapter 119, 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: GARY P. DONABED

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date