2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2007
Secretary of State

DOCUMENT# N00000002623

Entity Name: ESSENCE GIRLS BASKETBALL PROGRAM, INCORPORATED

Current Principal Place of Business:

2791 TESS DR.
TALLAHASSEE, FL 32304

New Principal Place of Business:

2791 TESS CIRCLE
TALLAHASSEE, FL 32304

Current Mailing Address:

2791 TESS DR.
TALLAHASSEE, FL 32304

New Mailing Address:

2791 TESS CIRCLE
TALLAHASSEE, FL 32304

FEI Number: 59-3605695 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DAVIS, KIMBERLY L.
2791 TESS DR.
TALLAHASSEE, FL 32304 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: DAVIS, KIMBERLY L
Address: 2791 TESS CIRCLE
City-St-Zip: TALLAHASSEE, FL 32304

Title: VPT ( ) Delete
Name: HERRING, MELVIN
Address: 3015 HOOD CT
City-St-Zip: TALLAHASSEE, FL 32301

Title: ST ( ) Delete
Name: STARLING, SHARON
Address: 824 SUNDOWN LN
City-St-Zip: TALLAHASSEE, FL 32310

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:

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: KIMBERLY L. DAVIS PD 08/16/2007

Electronic Signature of Signing Officer or Director — Date