2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002623

FILED Jun 15, 2009 Secretary of State

Entity Name: ESSENCE GIRLS BASKETBALL PROGRAM INCORPORATED

urrent P	Principal Place of Business:	New Principal Place of Business:	
	S CIRCLE SSEE, FL 32304		
urrent N	failing Address:	New Mailing Address:	
	S CIRCLE SSEE, FL 32304		
	r: 59-3605695	FEI Number Not Applicable () Certificate of Status I receive the prior notice.	Desired ()
ame and	d Address of Current Registered Agent:	Name and Address of New Registered Age	ent:
AVIS, KII 791 TES	MBERLY L.		
	S DR. SSEE, FL 32304 US		
ALLAHA	SSEE, FL 32304 US	urpose of changing its registered office or registered aç	gent, or both,
ALLAHA he above the State	SSEE, FL 32304 US e named entity submits this statement for the pee of Florida. RE:		gent, or both,
ALLAHA he above the Stat	SSEE, FL 32304 US e named entity submits this statement for the pre of Florida.		gent, or both,
ALLAHA he above the Stat IGNATU	SSEE, FL 32304 US e named entity submits this statement for the pee of Florida. RE:		
ALLAHA he above the Stat IGNATU	SSEE, FL 32304 US e named entity submits this statement for the pre of Florida. RE: Electronic Signature of Registered Age	nt Date	
ALLAHA ne above the State GNATU FFICER elle: ame: ldress:	SSEE, FL 32304 US e named entity submits this statement for the pe of Florida. RE: Electronic Signature of Registered Age S AND DIRECTORS: PD () Delete DAVIS, KIMBERLY L 2791 TESS CIRCLE	nt Date ADDITIONS/CHANGES TO OFFICERS ANI Title: () Change () Addition Name: Address:	

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 06/15/2009