2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005
Secretary of State

DOCUMENT# N01000005448

Entity Name: NAPLES THUNDER YOUTH BASKETBALL ASSOCIATION, INC.

Current Principal Place of Business:

18513 SANDY COVE DRIVE
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

2316 PINE RIDGE ROAD
#456
NAPLES, FL 34107

New Mailing Address:

2316 PINE RIDGE ROAD
#456
NAPLES, FL 34109

FEI Number: 59-3737467 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PINTER, MICHAEL R
4328 CORPORATE SQUARE STE C
NAPLES, FL 34104 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: D ( ) Delete
Name: BROTHERTON, SHARON
Address: 18513 SANDY COVE DRIVE
City-St-Zip: FORT MYERS, FL 33912

Title: D ( ) Delete
Name: ROBEY, ANNA
Address: 3560 TORTUGA WAY
City-St-Zip: NAPLES, FL 34105

Title: D ( ) Delete
Name: LANGDON, TAMMY
Address: 263 SILVERADO DR.
City-St-Zip: NAPLES, FL 34119

Title: O ( ) Delete
Name: BYERS, CHRISTA
Address: 6122 THRESHER DRIVE
City-St-Zip: NAPLES, FL 34112

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: SHARON BROTHERTON MS. 02/11/2005

Electronic Signature of Signing Officer or Director — Date