# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 26, 2008 08:00 A**
**Secretary of State**

DOCUMENT # N02000007031

1. Entity Name
FLORIDA NETBALL ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 9965 MIRAMAR PARKWAY<br>SUITE 260<br>MIRAMAR, FL 33025 | 9965 MIRAMAR PARKWAY<br>SUITE 260<br>MIRAMAR, FL 33025 |

01242008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
84-1617954
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DUNBAR, ALICIA A
2674 NW 68TH WAY
SUNRISE, FL 33313

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PD |
| NAME | BAYNE, EDINA |
| STREET ADDRESS | 8185 S CORAL CIR |
| CITY-ST-ZIP | N LAUDERDALE, FL 33068 |
| TITLE | S |
| NAME | BAILEY, GRACE |
| STREET ADDRESS | 2916 RIVER RUN CIR WEST |
| CITY-ST-ZIP | MIRAMAR, FL 33025 |
| TITLE | T |
| NAME | GAYLE, BARBARA |
| ~~STREET ADDRESS~~ | ~~7050 NW 44 ST 605~~ |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33319 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U00000840344
03/06/08-80042-024 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** _____ 02/18/08 954-861-9560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #