2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007031

Entity Name: FLORIDA NETBALL ASSOCIATION, INC.

FILED May 01, 2009 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

9965 MIRAMAR PARKWAY 7958 PINES BOULEVARD

SUITE 260 SUITE 240

MIRAMAR, FL 33025 PEMBROKE PINES, FL 33024

Current Mailing Address: New Mailing Address:

9965 MIRAMAR PARKWAY 7958 PINES BOULEVARD

SUITE 260 SUITE 240

MIRAMAR, FL 33025 PEMBROKE PINES, FL 33024

FEI Number: 84-1617954 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: Name and Address of New Registered Agent:

DUNBAR, ALICIA A
2674 NW 68TH WAY
DUNBAR, ALICIA A
6121 NW GINGER LANE

SUNRISE, FL 33313 US PORT ST LUCIE, FL 34986 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: ALICIA DUNBAR 05/01/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: S (X) Change () Addition

 Name:
 BAYNE, EDINA
 Name:
 BAILEY, GRACE

 Address:
 8185 S CORAL CIR
 Address:
 2916 RIVER RUN CIR WEST

 City-St-Zip:
 N LAUDERDALE, FL 33068
 City-St-Zip:
 MIRAMAR, FL 33025

Title: S () Delete Title: T (X) Change () Addition

Name: BAILEY, GRACE Name: GAYLE, BARBARA

 Address:
 2916 RIVER RUN CIR WEST
 Address:
 7050 NW 44 ST., APT 605

 City-St-Zip:
 MIRAMAR, FL 33025
 City-St-Zip:
 LAUDERHILL, FL 33319

Title: T (X) Delete Title: () Change () Addition

 Name:
 GAYLE, BARBARA
 Name:

 Address:
 7050 NW 44 ST 605
 Address:

 City-St-Zip:
 FORT LAUDERDALE, FL 33319
 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: BARBARA GAYLE T 05/01/2009