

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007187

FILED
Jan 24, 2009
Secretary of State

Entity Name: FLORIDA ELITE BASKETBALL, INC.

Current Principal Place of Business:

5013 SILVER CHARM TERRACE
WESLEY CHAPEL, FL 33544

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 7431
WESLEY CHAPEL, FL 33543

New Mailing Address:

FEI Number: 03-0483665

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSH ROSS REGISTERED AGENT SERVICES, LLC
1801 N HIGHLAND AVE
TAMPA, FL 33602 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: FOSS, CONRAD
Address: 5013 SILVER CHARM TERRACE
City-St-Zip: WESLEY CHAPEL, FL 33544 15

Title: D () Delete
Name: PASCHAL, ROBERT
Address: 9023 QUAIL CIRCLE DRIVE
City-St-Zip: TAMPA, FL 33642

Title: D () Delete
Name: STERNS, RANDY K
Address: 220 S FRANKLIN STREET
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: FOSS, JEFFREY H
Address: 5013 SILVER CHARM TERRACE
City-St-Zip: WESLEY CHAPEL, FL 33544 15

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 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: CONRAD P FOSS

D

01/24/2009

Electronic Signature of Signing Officer or Director

Date