2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006
Secretary of State

DOCUMENT# N02000008210

Entity Name: CITRUS COUNTY BASKETBALL LEAGUE, INC.

Current Principal Place of Business:

2001 W. BELGRADE DR.
CITRUS SPRINGS, FL 34434

New Principal Place of Business:

Current Mailing Address:

2001 W. BELGRADE DR.
CITRUS SPRINGS, FL 34434

New Mailing Address:

FEI Number: 43-1979218 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAIZE, MICHAEL
2001 W. BELGRADE DRIVE
CITRUS SPRINGS, FL 34434 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: PD ( ) Delete
Name: BAIZE, MICHAEL
Address: 2001 W. BELGRADE DR.
City-St-Zip: CITRUS SPRINGS, FL 34434

Title: VD ( ) Delete
Name: MCCOLLEY, KURT
Address: 4200 CARDINAL ST.
City-St-Zip: HOMOSASSA SPRINGS, FL 34446

Title: TD ( ) Delete
Name: BAIZE, DIANA
Address: 2001 W. BELGRADE DR.
City-St-Zip: CITRUS SPRINGS, FL 34434

Title: VD ( ) Delete
Name: HILGERT, RICH
Address: 255 N. MCGOWAN AVE
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: D ( ) Delete
Name: MCCOLLEY, MICHELLE
Address: 4200 CARDINAL ST.
City-St-Zip: HOMOSASSA, FL 34446

Title: D ( ) Delete
Name: WALKER, JOEL
Address: 5554 W. JUSTIN CT.
City-St-Zip: HOMOSASSA, FL 34448

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:

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 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: MICHAEL BAIZE PD 04/18/2006

Electronic Signature of Signing Officer or Director — Date