

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90428 039 ****61.25

DOCUMENT # N02000008288					
1. Entity Name LIGHTNING BOYS BASKETBALL ASSOCIATION, INC.					
Principal Place of Business CYPRESS BAY HIGH SCHOOL 18600 VISTA PARK BLVD FORT LAUDERDALE, FL 33330			Mailing Address 6365 SW 192ND AVENUE PEMBROKE PINES, FL 33332		
2. Principal Place of Business		3. Mailing Address 1551 Vera Cruz Lane			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Weston FL		4. FEI Number 06-1655345	
Zip		Zip 33327		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MORETTI, LAURIE E 6365 192ND AVENUE FORT LAUDERDALE, FL 33332			7. Name and Address of New Registered Agent Name: Jones, Norma Street Address (P.O. Box Number is Not Acceptable): 1551 Vera Cruz Lane City: Weston FL Zip Code: 33327		
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: <u>Laurie E Moretti Pres. Janif E Bobine</u> 4/18/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME COOPER, DAVID STREET ADDRESS 2711 OAKWOOD MANOR CITY-ST-ZIP WESTON, FL 33332	<input checked="" type="checkbox"/> Delete		TITLE P NAME Jones, Norma STREET ADDRESS 1551 Vera Cruz Lane CITY-ST-ZIP Weston, FL 33327	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DP NAME STACEY, HILL STREET ADDRESS 1219 FAIRLAKE TEACE APT 909 CITY-ST-ZIP WESTON, FL 33326	<input checked="" type="checkbox"/> Delete		TITLE VP NAME Bolan, Jaime STREET ADDRESS 17060 SW 49th St. CITY-ST-ZIP South West Ranches, FL 33331	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME HILL, STACY STREET ADDRESS 1219 FAIRLAKE TRACE APT. 909 CITY-ST-ZIP WESTON, FL 33326	<input type="checkbox"/> Delete		TITLE SH NAME Foeman, Deborah STREET ADDRESS 675 Fallingwater Rd. CITY-ST-ZIP Weston, FL 33326	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME MORETTI, LAURIE STREET ADDRESS 6365 SW 192 AVE. CITY-ST-ZIP PEMBROKE PINES, FL 33332	<input checked="" type="checkbox"/> Delete		TITLE T NAME Foeman, Deborah STREET ADDRESS 675 Fallingwater Rd. CITY-ST-ZIP Weston, FL 33326	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: Janif E Bobine 4/18/06 954-274-5464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #