


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 22, 2007 8:00 am**  
**Secretary of State**

06-22-2007 90002 042 \*\*\*\*61.25

<b>DOCUMENT # N02000008288</b> 1. Entity Name <b>LIGHTNING BOYS BASKETBALL ASSOCIATION, INC.</b>					
Principal Place of Business <b>CYPRESS BAY HIGH SCHOOL 18600 VISTA PARK BLVD FORT LAUDERDALE, FL 33330</b>			Mailing Address <b>1551 VERA CRUZ LN WESTON, FL 33327</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address <b>2426 Deer Creek Rd</b>  Suite, Apt. #, etc.			
City & State  Zip		City & State <b>Weston, FL</b> Zip <b>33327</b>		4. FEI Number <b>06-1655345</b>	
Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>JONES, NORMA 1551 VERA CRUZ LN WESTON, FL 33327</b>			7. Name and Address of New Registered Agent Name <b>Felicia Murciano</b> Street Address (P.O. Box Number is Not Acceptable) <b>2426 Deer Creek Rd.</b> City <b>Weston</b>		
State <b>FL</b>			Zip Code <b>33327</b>		
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><i>Felicia Murciano</i></u> <u><i>Felicia Murciano Treasurer</i></u> <u><i>6/20/07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JONES, NORMA 1551 VERA CRUZ LN WESTON, FL 33327	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Felicia Droze Starke 953 Briar Ridge Drive Weston, FL 33327	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOLANO, JAIME 17060 SW 49TH ST SOUTH WEST RANCHES, FL 33331	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Deborah Foeman 675 Falling Water Rd. Weston, FL 33326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FOEMAN, DEBORAH 675 FALLING WATER RD WESTON, FL 33326	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Linda M. Jurko 1124 Cedar Falls Drive Weston, FL 33327	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FOEMAN, DEBORAH 675 FALLING WATER RD WESTON, FL 33326	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Felicia Murciano 2426 Deer Creek Rd. Weston, FL 33327	<input type="checkbox"/> Change <input checked="" 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.					
<b>SIGNATURE:</b> <u><i>Felicia Murciano</i></u> <u><i>Felicia Murciano, Treasurer</i></u> <u><i>6/20/07</i></u> <u><i>954-660-0222</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					