


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90014 019 ****61.25

DOCUMENT # N02000009832
 1. Entity Name
 CHARLOTTE COUNTY YOUTH BASKETBALL, INC.



Principal Place of Business
 23462 ROCKET AVE.
 PORT CHARLOTTE, FL 33954

Mailing Address
 23462 ROCKET AVE.
 PORT CHARLOTTE, FL 33954

40007753



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01132005 Chg-NP CR2E037 (10/03)

City & State
 City & State

Zip
 Country

Zip
 Country

4. FEI Number
 01-0759134

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCPEAK, BRIAN
 23462 ROCKET AVE.
 PORT CHARLOTTE, FL 33954

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MCPEAK, BRIAN	
STREET ADDRESS	23462 ROCKET AVE.	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33954	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILKIE, DONNIE	
STREET ADDRESS	1210 STRASBURA DRIVE	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILKIE, TAMMY	
STREET ADDRESS	1210 STRASBURG DRIVE	
CITY-ST-ZIP	MARATHON SHORES, FL 33052	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1210 STRASBURG DRIVE	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	M VERE WHEATLAND	
STREET ADDRESS	27133 PARATINS DRIVE	
CITY-ST-ZIP	PUNTA GORDA, FL 33983	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: BRIAN E. MCPEAK **19 JAN 05** **9412550494**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #