


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 07, 2006 8:00 am**  
**Secretary of State**

02-07-2006 90020 007 \*\*\*\*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

40009770



2. Principal Place of Business  
 23493 PEACHLAND BLVD.  
 Suite, Apt. #, etc.

3. Mailing Address  
 P.O. BOX 494639  
 Suite, Apt. #, etc.

01262006 Chg-NP CR2E037 (11/05)

City & State  
 PORT CHARLOTTE, FLORIDA

City & State  
 PORT CHARLOTTE, FLORIDA

Zip  
 33954

Country  
 USA

Zip  
 33949

Country  
 USA

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  BRIAN E. MCPEAK / DIRECTOR 02 FEB 06

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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 STRASBURG DRIVE	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
TITLE	M	<input type="checkbox"/> Delete
NAME	WHEATLAND, VERE	
STREET ADDRESS	27133 PARATINS DRIVE	
CITY-ST-ZIP	PUNTA GORDA, FL 33983	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	23493 PEACHLAND BLVD.	
STREET ADDRESS	PORT CHARLOTTE, FLORIDA 33954	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3113 MONTCLAIR CIRCLE	
STREET ADDRESS	NORTH PORT, FLORIDA 34287	
CITY-ST-ZIP		
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 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:  BRIAN E. MCPEAK 02 FEB 06 941-815-6163

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #