


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90190 003 \*\*\*\*61.25

<b>DOCUMENT # N03000001118</b> 1. Entity Name <b>GAINESVILLE ELITE BASKETBALL ASSOCIATION INC.</b>			
Principal Place of Business <b>409 N.E. 11 ST. GAINESVILLE, FL 32601</b>		Mailing Address <b>P.O. BOX 142744 GAINESVILLE, FL 32614</b>	
2. Principal Place of Business <b>1801 SW 44th Ave.</b> Suite, Apt. #, etc.		3. Mailing Address <b>1801 SW 44th Ave.</b> Suite, Apt. #, etc.	
City & State <b>Gainesville, FL</b> Zip <b>32608</b>		City & State <b>Gainesville, FL</b> Zip <b>32608</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>02-0673784</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>STUCKMAN, KIMBALL JR. 409 N. E. 11 ST. GAINESVILLE, FL 32601</b>		7. Name and Address of New Registered Agent Name <b>Harry O. Lansford</b> Street Address (P.O. Box Number is Not Acceptable) <b>1801 SW 44th Ave.</b> City <b>Gainesville</b> <b>FL</b> Zip Code <b>32608</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>Harry O. Lansford, Treasurer</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>4-16-04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2004</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 <b>P</b> <input checked="" type="checkbox"/> Delete NAME <b>STECKMAN, KIMBALL SR.</b> STREET ADDRESS <b>409 N.E. 11TH. STREET</b> CITY-ST-ZIP <b>GAINESVILLE, FL 32601</b>	TITLE <b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Roderick Smith</b> STREET ADDRESS <b>4706 NW 30 Terrace</b> CITY-ST-ZIP <b>Gainesville, FL 326</b>		
TITLE <b>VP</b> <input checked="" type="checkbox"/> Delete NAME <b>BROWN, VERNELL</b> STREET ADDRESS <b>2323 NE. 11 ST</b> CITY-ST-ZIP <b>GAINESVILLE, FL 32609</b>	TITLE <b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Ken Vejraska</b> STREET ADDRESS <b>360 Turkey Creek</b> CITY-ST-ZIP <b>Atachua, FL</b>		
TITLE <b>S</b> <input checked="" type="checkbox"/> Delete NAME <b>STOVER, JONNAQUE M</b> STREET ADDRESS <b>1131 N.E. 31 AVE.</b> CITY-ST-ZIP <b>GAINESVILLE, FL 32609</b>	TITLE <b>T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>Harry O. Lansford</b> STREET ADDRESS <b>1801 SW 44th Ave.</b> CITY-ST-ZIP <b>Gainesville, FL 32608</b>		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Dee Williams</b> STREET ADDRESS <b>11012 NW 18 Court</b> CITY-ST-ZIP <b>Gainesville, FL 326</b>		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete 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)(i), 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: <u><i>Harry O. Lansford</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>4-16-04</u> (352) 335-6757 <small>Date Daytime Phone #</small>	