

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90200 024 ****61.25

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1. Entity Name
FLORIDA YOUTH BASKETBALL ASSOCIATION, INC.



Principal Place of Business
**9868 SANDAL FOOT BOULEVARD, #122
BOCA RATON, FL 33428**

Mailing Address
**9868 SANDAL FOOT BOULEVARD, #122
BOCA RATON, FL 33428**



05012006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0384154	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BLEECHER, ALLAN
9868 SANDAL FOOT BOULEVARD, #122
BOCA RATON, FL 33428**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLEECHER, ALLAN 9868 SANDAL FOOT BLVD., #122 BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BRADFORD, LANCE 9868 SANDAL FOOT BLVD., #122 BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOMINO, DON 9868 SANDAL FOOT BOULEVARD, #122 BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUSEN, JOHN VAN 9868 SANDAL FOOT BLVD., #122 BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 an other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/06

Date

Daytime Phone #