

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2005 8:00 am
Secretary of State

04-12-2005 90130 019 ****61.25

DOCUMENT # N04000000952 1. Entity Name TAMPA FASTBREAK YOUTH BASKETBALL, INC.					
Principal Place of Business 6520 BAYBROOKS CIRCLE TEMPLE TERRACE FL 33617			Mailing Address 6520 BAYBROOKS CIRCLE TEMPLE TERRACE FL 33617		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RAVENEL, EUGENE 6520 BAYBROOKS CIRCLE TEMPLE TERRACE FL 33617				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAVENEL, EUGENE		NAME		
STREET ADDRESS	6520 BAYBROOKS CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	TEMPLE TERRACE FL 33617		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAVENEL, PAMELA		NAME		
STREET ADDRESS	6520 BAYBROOKS CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	TEMPLE TERRACE FL 33617		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLEMAN, ALBERT		NAME		
STREET ADDRESS	6611 BAYBROOKS CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	TEMPLE TERRACE FL 33617		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BELL, RICKY		NAME		
STREET ADDRESS	P.O. BOX 310514		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33680		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	O'BRYANT, MANUEL		NAME		
STREET ADDRESS	1503 FOX HOME HILL PLACE		STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL 33594		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAVENEL, EVAN		NAME		
STREET ADDRESS	6520 BAYBROOKS CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	TEMPLE TERRACE FL 33617		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: <i>Eugene Ravenel</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <i>2/22/05</i> (813) <i>988-9380</i> <small>Daytime Phone #</small>		