## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Secretary of State 05-01-2006 90459 040 \*\*\*\*70.00 ENGLEWOOD GIRLS BASKETBALL INC. Principal Place of Business Mailing Address 950 BRENGLE AVE 950 BRENGLE AVE VVVVAVAU ENGLEWOOD, FL 34223 ENGLEWOOD, FL 34223 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 03042006 ח חחחח ר 0 0 00 000 000000 City & State City & State 4. FEI Number Applied For 54-2190420 Not Applicable \$8.75 0 0000000 Zip Zip Country Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ERNST, ERIC 950 BRENGLE AVE Street Address (P.O. Box Number is Not Acceptable) ENGLEWOOD, FL 34223 City 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 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 a comac Florida Department of State Trust Fund Contribution Due by May 1, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Addition ERNST, ERIC NAME NAME STREET ADDRESS 950 BRENGLE AVE STREET ADDRESS ENGLEWOOD, FL 34223 CITY-ST-29P CITY-ST-ZIP Vice president Erik Crosby 1115 Baswell St. Delete TITLE TITLE **Addition** NAME ERNST, KAREN 950 BRENGLE AVE STREET ADDRESS STREET ADORESS North Port, Fla. 34288 CITY-ST-ZIP ENGLEWOOD, FL 34223 CITY-ST-ZIP secretary Lani Keefe TITLE Delete TITLE Change Change ■ Addition KEEFE, LANI NAME NAME 660 Edwards St. STREET ADDRESS 950 BRENGLE AVE STREET ADDRESS Englewood, Fla. 34223 CITY-ST-ZIP ENGLEWOOD, FL 34223 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT) F Detete TETLE Change ☐ Addition NAME STREET ADDRESS STREET ACIDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS 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.

Eric Ernst

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: .

**FILED** 

May 01, 2006 8:00 am

941-627-7584