


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90054 029 ****61.25

DOCUMENT # N05000003069 1. Entity Name ENGLEWOOD GIRLS BASKETBALL INC.			
Principal Place of Business 950 BRENGLE AVE ENGLEWOOD, FL 34223		Mailing Address 950 BRENGLE AVE ENGLEWOOD, FL 34223	
2. Principal Place of Business - No P.O. Box # 660 EDWARDS ST Suite, Apt. #, etc.		3. Mailing Address 660 EDWARDS ST Suite, Apt. #, etc.	
City & State ENGLEWOOD FL		City & State ENGLEWOOD FL	
Zip 34223	Country USA	Zip 34223	Country USA
4. FEI Number 54-2190420		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ERNST, ERIC 950 BRENGLE AVE ENGLEWOOD, FL 34223		7. Name and Address of New Registered Agent Name LANI KEEFE Street Address (P.O. Box Number is Not Acceptable) 660 EDWARDS ST City ENGLEWOOD FL Zip Code 34223	
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 LANI KEEFE <i>[Signature]</i>		DATE 4/30/07	
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY - ST - ZIP	P ERNST, ERIC 950 BRENGLE AVE ENGLEWOOD, FL 34223 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Wheatland, Vere 27133 PARATINS DR PUNTA GORDA, FL 33983 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CROSBY, ERIK 1115 BOSWELL ST NORTH PORT, FL 34288 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KONIK, DEBBIE 2186 Beeville Ave North Port FL 34286 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KEEFE, LANI 660 EDWARDS ST ENGLEWOOD, FL 34223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i> LANI KEEFE		DATE 4/30/07 DAYTIME PHONE # 941-460-1029	