2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N05000005148

Entity Name: KNIGHTS HOOPS BOOSTER ASSOCIATION INC

Current Principal Place of Business:

5433 NW 55TH TERRACE
COCONUT CREEK, FL 33073

New Principal Place of Business:

Current Mailing Address:

5433 NW 55TH TERRACE
COCONUT CREEK, FL 33073

New Mailing Address:

FEI Number: 41-2236258 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOORE, SANDRA L
5433 NW 55TH TERRACE
COCONUT CREEK, FL 33073 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	MOORE, SANDRA L MRS	
Address:	5433 N.W. 55TH TERRACE	
City-St-Zip:	COCONUT CREEK, FL 33073	
Title:	VP	( ) Delete
Name:	COFFEY, ANGELA MRS	
Address:	5005 WILES ROAD BLDG 2 APT.103	
City-St-Zip:	COCONUT CREEK, FL 33073	
Title:	SEC	( ) Delete
Name:	READ, SHARON MRS	
Address:	5128 N.W. 49TH AVE.	
City-St-Zip:	COCONUT CREEK, FL 33073	
Title:	TREA	( ) Delete
Name:	MOORE, SANDRA L MRS	
Address:	5433 N.W. 55TH TERRACE	
City-St-Zip:	COCONUT CREEK, FL 33073	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA L MOORE P 04/27/2009
Electronic Signature of Signing Officer or Director — Date