

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005148

FILED  
Apr 28, 2010  
Secretary of State

**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  
Name: MOORE, SANDRA L MRS  
Address: 5433 N.W. 55TH TERRACE  
City-St-Zip: COCONUT CREEK, FL 33073

Title: VP  
Name: COFFEY, ANGELA MRS  
Address: 5005 WILES ROAD BLDG 2 APT.103  
City-St-Zip: COCONUT CREEK, FL 33073

Title: SEC  
Name: READ, SHARON MRS  
Address: 5128 N.W. 49TH AVE.  
City-St-Zip: COCONUT CREEK, FL 33073

Title: TREA  
Name: MOORE, SANDRA L MRS  
Address: 5433 N.W. 55TH TERRACE  
City-St-Zip: COCONUT CREEK, FL 33073

I hereby 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 all other like empowered.

SIGNATURE: SANDRA L MOORE

PRES

04/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date