2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# N05000010461

Entity Name: GULF COAST BASKETBALL INC.

Current Principal Place of Business:

7215 CYPRESS KNOLL DRIVE
NEW PORT RICHEY, FL 34653

New Principal Place of Business:

Current Mailing Address:

7215 CYPRESS KNOLL DRIVE
NEW PORT RICHEY, FL 34653

New Mailing Address:

FEI Number: 13-4310620 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RAUH-CO CONSTRUCTION SERVICES, INC.
7215 CYPRESS KNOLL DRIVE
NEW PORT RICHEY, FL 34653 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: PRES ( ) Delete
Name: RAUH, PAUL R
Address: 7215 CYPRESS KNOLL DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: VP ( ) Delete
Name: RAUH, LYNETTE W
Address: 7215 CYPRESS KNOLL DR.
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: SEC ( ) Delete
Name: RAUH, LYNETTE W
Address: 7215 CYPRESS KNOLL DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: TREA ( ) Delete
Name: RAUH, LYNETTE W
Address: 7215 CYPRESS KNOLL DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D ( ) Delete
Name: CALZONE, JEREMY
Address: 27515 PLEASURE RIDE LOOP
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: D ( ) Delete
Name: RAUH, PAUL R
Address: 7215 CYPRESS KNOLL DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34653

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:

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: LYNETTE W. RAUH VP 03/17/2009

Electronic Signature of Signing Officer or Director — Date