

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011648

FILED
Sep 08, 2009
Secretary of State

Entity Name: OCALA BLAZE BASKETBALL DEVELOPMENT PROGRAM, INC.

Current Principal Place of Business:

3500 SE 36TH AVE
OCALA, FL 34471 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 233
OCALA, FL 34478 US

New Mailing Address:

FEI Number: 41-2199098 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BENNETT, ROBERT E JR
3500 SE 36TH AVE
OCALA, FL 34471 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: D () Delete
Name: BENNETT, ROBERT E JR.
Address: 3500 SE 36TH AVE.
City-St-Zip: OCALA, FL 34471

Title: DOO () Delete
Name: GILLIAN, PATRICK
Address: 1531 SE 36TH AVE
City-St-Zip: OCALA, FL 34471

Title: T () Delete
Name: BENNETT, DARLENE
Address: 3500 SE 36TH AVE
City-St-Zip: OCALA, FL 34471

Title: S () Delete
Name: BYRD, PEGGY
Address: 2418 SE 5TH CIRCLE #4
City-St-Zip: OCALA, FL 34471

Title: C () Delete
Name: WILSON, CECIL REV. DR
Address: 728 NW 6TH AVENUE
City-St-Zip: OCALA, FL 34475

Title: COCH () Delete
Name: RICHARDSON, KELVIN
Address: 210 NW 12TH AVENUE
City-St-Zip: OCALA, FL 34475

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: ROBERT E BENNETT JR

D

09/08/2009

Electronic Signature of Signing Officer or Director

Date