## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000001724

FILED Feb 18, 2009 Secretary of State

Entity Name: FLORIDA WOMEN'S BASKETBALL BACKCOURT CLUB, INC.

Current Principal Place of Business:		New Principal Place of Business:		
716 NW : SAINESVI	21 ST. ILLE, FL 32605	AL		
urrent N	lailing Address	:	New Mailin	g Address:
716 NW : SAINESVI	21 ST. ILLE, FL 32605	AL		
El Number	: 38-3794728	FEI Number Applied For ( )	FEI Number Not Applic	able ( ) Certificate of Status Desired ( )
ame and	d Address of Cu	ırrent Registered Agent:	Name and A	Address of New Registered Agent:
IEHE, KA 716 NW : GAINESVI		US		
	e named entity su e of Florida.	ubmits this statement for the	purpose of changing its	registered office or registered agent, or both
the State	e of Florida.	ubmits this statement for the	purpose of changing its	registered office or registered agent, or both
the State	e of Florida. É	ubmits this statement for the		registered office or registered agent, or bot Date
the State	e of Florida. É	c Signature of Registered Ag	gent	
the State GNATUI FFICER  cle: ame: ldress:	e of Florida.  RE: Electronic  S AND DIRECT	e Signature of Registered Ag ORS: Delete	gent	Date
the State	e of Florida.  RE:  Electronic  S AND DIRECT  P () E  VIEHE, KATHY  1716 NW 21 ST.  GAINESVILLE, FI	C Signature of Registered Ag ORS: Delete L 32605 Delete	gent  ADDITIONS  Title: Name: Address:	Date /CHANGES TO OFFICERS AND DIRECT
the State IGNATUI FFICER ttle: ame: ddress: tty-St-Zip: ttle: ame: ddress:	e of Florida.  RE:  Electronic  S AND DIRECT  P () E  VIEHE, KATHY  1716 NW 21 ST.  GAINESVILLE, FI  TUBB, MARILYN  3133 NW 62ND T  GAINESVILLE, FI	C Signature of Registered Agonas:  Delete L 32605  Delete TERRACE L 32606  Delete MARIE LVD	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	Date /CHANGES TO OFFICERS AND DIRECT ( ) Change ( ) Addition

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: WENDY B. LONDON T 02/18/2009