

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005701

FILED
Jun 01, 2009
Secretary of State

Entity Name: NORTH PORT YOUTH BASKETBALL, INC.

Current Principal Place of Business:

2437 ALTOONA AVENUE
NORTH PORT, FL 34286

New Principal Place of Business:

Current Mailing Address:

2437 ALTOONA AVENUE
NORTH PORT, FL 34286

New Mailing Address:

FEI Number: 51-0585138 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

PERRY, SHERI M
2437 ALTOONA AVENUE
NORTH PORT, FL 34286 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: PERRY, SHERI M
Address: 2437 ALTOONA AVE
City-St-Zip: NORTH PORT, FL 34286

Title: D () Delete
Name: TOWNSEND-FELTY, REBECCA
Address: 4963 ESCALANTE DRIVE
City-St-Zip: NORTH PORT, FL 34287

Title: D () Delete
Name: KAPINSKI, ROBB
Address: 1849 MARCONI AVENUE
City-St-Zip: NORTH PORT, FL 34286

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: TOWNSEND-FELTY, REBECCA
Address: 3590 ISLAND CLUB UNIT
City-St-Zip: NORTH PORT, FL 34288

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: SHERI M. PERRY

D

06/01/2009

Electronic Signature of Signing Officer or Director

Date