

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000005701

**FILED**  
**Apr 30, 2011**  
**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 ( )**

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

**Title:** D  
**Name:** TOWNSEND, REBECCA  
**Address:** 3590 ISLAND CLUB UNIT  
**City-St-Zip:** NORTH PORT, FL 34288

**Title:** D  
**Name:** TEXIERA, MARK  
**Address:** 1655 CLOW CT  
**City-St-Zip:** NORTH PORT, FL 34286

**Title:** D  
**Name:** BAKER, SCOTT  
**Address:** 5165 JANUS STREET  
**City-St-Zip:** NORTH PORT, FL 34288

**Title:** D  
**Name:** MUNCY, GREGORY  
**Address:** 3621 MASSINI AVENUE  
**City-St-Zip:** NORTH PORT, FL 34286

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:** SHERI PERRY

DIR

04/30/2011

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

\_\_\_\_\_  
Date