

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Aug 23, 2007 8:00 am
Secretary of State**

08-23-2007 90022 041 ****70.00

DOCUMENT # N06000008028

1. Entity Name
GULF COAST YOUTH BASKETBALL, INC.



Principal Place of Business
1398 APPALOOSA ST.
PORT CHARLOTTE, FL 33980

Mailing Address
1398 APPALOOSA ST.
PORT CHARLOTTE, FL 33980

2. Principal Place of Business - No P.O. Box #
25165 Lahore Lane

Suite, Apt. #, etc.
Punta Gorda FL

3. Mailing Address
PO Box 511283

Suite, Apt. #, etc.
Punta Gorda FL

City & State
33983 USA

City & State
33951 USA

Zip

Zip

Country

4. FEI Number
06-1785914

Applied For
Not Applicable

5. Certificate of Status Desired
 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ULMANIEC, MICHAEL
1398 APPALOOSA ST.
PORT CHARLOTTE, FL 33980

Name
Lisa Collins

Street Address (P.O. Box Number is Not Acceptable)

25165 Lahore Lane

City
Punta Gorda FL
Zip Code
33983

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Lisa Collins

8-13-07

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ULMANIEC, MICHAEL 1398 APPALOOSA ST. PORT CHARLOTTE, FL 33980	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COLLINS, LISA 25165 LAHORE LN. PUNTA GORDA, FL 33983	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V IVANKOVIC, DAVE 2340 MALAYA CT. PUNTA GORDA, FL 33983	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Dave Ivankovic 18247 Hottellet Cr Port Charlotte, FL 33948
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BRUCE REICHENBACH 2327 PONGOLA North Port, FL 34286
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition James Vernon 1189 Oxsalida St. Port Charlotte, FL 33942
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

(941)

SIGNATURE:

Lisa Collins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-13-07 1026-5107

Date

Daytime Phone #