


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.	
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Principal Place of Business 1398 APPALOOSA ST. PORT CHARLOTTE, FL 33980	Mailing Address 1398 APPALOOSA ST. PORT CHARLOTTE, FL 33980
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2. Principal Place of Business - No P.O. Box # 25165 Lahore Lane Suite, Apt. #, etc. Punta Gorda FL City & State 33983 USA Zip Country	3. Mailing Address PO Box 511283 Suite, Apt. #, etc. Punta Gorda FL City & State 33951 USA Zip Country
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07202007 Chg-NP CR2E037 (12/06)

4. FEI Number 06-1785914	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ULMANIEC, MICHAEL 1398 APPALOOSA ST. PORT CHARLOTTE, FL 33980	
7. Name and Address of New Registered Agent 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* DATE 8-13-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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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 <input checked="" type="checkbox"/> V NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> D NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> D NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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.

SIGNATURE: *Lisa Collins* 8-13-07 626-5107

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #