

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 17, 2007
Secretary of State

DOCUMENT# N06000012475

Entity Name: TAMARAC YOUTH BASKETBALL LEAGUE INC**Current Principal Place of Business:**TAMARAC COMMUNITY CENTER
8601 W COMMERCIAL BLVD
TAMARAC, FL 33321**New Principal Place of Business:****Current Mailing Address:**TAMARAC COMMUNITY CENTER
5900 WEST GRAND DUKE CIRCLE
TAMARAC, FL 33321**New Mailing Address:****FEI Number:** 20-8405778**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MUNOZ, DAVID
5900 W GRAND DUKE CIRCLE
TAMARAC, FL 33321 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: CEO () Delete
Name: MUNOZ, DAVID
Address: TAMARAC COMMUNITY CENTER
City-St-Zip: TAMARAC, FL 33321

Title: PRES () Delete
Name: OFFICER, DERIC
Address: 6370 NW 89 AVE
City-St-Zip: TAMARAC, FL 33321

Title: S () Delete
Name: SCOTT, CORINA
Address: 7680 WESTWOOD DRIVE #830
City-St-Zip: TAMARAC, FL 33321

Title: T () Delete
Name: LEHMBECK, JEANNIE
Address: P.O. BOX 2860
City-St-Zip: TAMARAC, FL 33321

Title: VP (X) Delete
Name: KERROTT, BILL
Address: 981 SW 83 AVE
City-St-Zip: NORTH LAUDERDALE, FL 33068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MUNOZ, DAVID
Address: TAMARAC COMMUNITY CENTER
City-St-Zip: TAMARAC, FL 33321

Title: VP (X) Change () Addition
Name: OFFICER, DERIC
Address: 6370 NW 89 AVE
City-St-Zip: TAMARAC, FL 33321

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

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

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: DAVID N MUNOZ

P

07/17/2007

Electronic Signature of Signing Officer or Director

Date