2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
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:	P	( ) Delete
Name:	MUNOZ, DAVID	
Address:	5900 WEST GRAND DUKE CIRCLE	
City-St-Zip:	TAMARAC, FL 33321	
Title:	VP	( ) Delete
Name:	SCOTT, CORINA	
Address:	7680 WEST WOOD DR 830	
City-St-Zip:	TAMARAC, FL 33321	
Title:	TRES	( ) Delete
Name:	OFFICER, DERIC	
Address:	6370 NW 89 AVE	
City-St-Zip:	TAMARAC, FL 33321	
Title:	SEC	( ) Delete
Name:	ORILEY, DENISE	
Address:	5900 W GRAND DUKE CIR	
City-St-Zip:	TAMARAC, FL 33321	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 PRES 04/16/2009
Electronic Signature of Signing Officer or Director — Date