2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007257

Entity Name: CFL HOOPSTERS, INC.

FILED Jun 16, 2009 Secretary of State

Current Principal Place of Business: New	Principal Place of Business:
--	------------------------------

1014 WINDING WATERS CIR WINTER SPRINGS, FL 32708 US

Current Mailing Address: New Mailing Address:

1014 WINDING WATERS CIR WINTER SPRINGS, FL 32708 US

FEI Number: 26-3090216 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COATS, GREGORY R 1014 WINDING WATERS CIR WINTER SPRINGS, FL 32708 US

OFFICERS AND DIRECTORS:

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

Electronic Signature of Registered Ag

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: PRES (X) Change () Addition Name: COATS, GREGORY R Name: COATS, GREGORY R Address: 1014 WINDING WATERS CIR Address: 1014 WINDING WATERS CIR City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: VP () Delete Title: SEC (X) Change () Addition Name: MARTIN, FELIX L Name: CLICK, MAY L

 Address:
 88 CAROL AVENUE
 Address:
 3810 THORNEWOOD WAY

 City-St-Zip:
 ORLANDO, FL 32807 US
 City-St-Zip:
 CLERMONT, FL 34711 US

Title: SEC () Delete Title: TRS (X) Change () Addition Name: ELLER, ROBIN Name: SPENCE, WAYNE

 Address:
 10620 GODFREY LN
 Address:
 1996 WESTBOURNE DR

 City-St-Zip:
 ORLANDO, FL 32825 US
 City-St-Zip:
 OVIEDO, FL 32765 US

Title: TRS (X) Delete Title: () Change () Addition

 Name:
 RAYOS, GAIL
 Name:

 Address:
 1640 SHAWNEE TRAIL
 Address:

 City-St-Zip:
 MAITLAND, FL 32751 US
 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: GREGORY R. COATS PRES 06/16/2009