

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010732

FILED
Apr 15, 2009
Secretary of State

Entity Name: BLUE CRUSH HOOPSTERS BASKETBALL, INC.

Current Principal Place of Business:

364 W. RIVERBEND DRIVE
SUNRISE, FL 33326

New Principal Place of Business:

Current Mailing Address:

364 W. RIVERBEND DRIVE
SUNRISE, FL 33326

New Mailing Address:

FEI Number: 26-3775474

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAZ, LORINDA
364 W. RIVERBEND DRIVE
SUNRISE, FL 33326 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: DIAZ, CECIL
Address: 364 W. RIVERBEND DRIVE
City-St-Zip: SUNRISE, FL 33326

Title: VP () Delete
Name: DIAZ, LORINDA
Address: 364 W. RIVERBEND DRIVE
City-St-Zip: SUNRISE, FL 33326

Title: T () Delete
Name: COKER, MYCO
Address: 11145 NW 27 PLACE
City-St-Zip: SUNRISE, FL 33322

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: DIAZ, LORINDA
Address: 364 W. RIVERBEND DRIVE
City-St-Zip: SUNRISE, FL 33326

Title: DIR (X) Change () Addition
Name: HUNTMAN, KEN
Address: 5152 NW 74 COURT
City-St-Zip: COCONUT CREEK, FL 33073

Title: DIR () Change (X) Addition
Name: COLLINS, KEVIN
Address: 29 HARTFORD STREET
City-St-Zip: STATEN ISLAND, NY 10308

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: LORINDA DIAZ

T

04/15/2009

Electronic Signature of Signing Officer or Director

Date