

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90337 010 ****61.25

DOCUMENT # N13161	
1. Entity Name ORMOND BEACH YOUTH BASKETBALL ASSOCIATION, INC.	



Principal Place of Business 1 IROQUOIS TRAIL ORMOND BEACH, FL 32174 US	Mailing Address 1 IROQUOIS TRAIL ORMOND BEACH, FL 32174 US
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40072582



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04262006 Chg-NP CR2E037 (11/05)

City & State	City & State
Zip	Country

4. FEI Number 59-2738895	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DAVIDSON, DAVID J 303 NORTH CLYDE MORRIS BOULEVARD DAYTONA BEACH, FL 32114

7. Name and Address of New Registered Agent Name J. RICHARD BOEHM Street Address (P.O. Box Number is Not Acceptable) 5 SPRINGWOOD TRAIL City ORMOND BEACH FL Zip Code 32174

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 *J. Richard Boehm* DATE 4-26-06
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006	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	
TITLE PD	<input type="checkbox"/> Delete
NAME BOEHM, J RICHARD	
STREET ADDRESS 113 EXECUTIVE CIRCLE	
CITY-ST-ZIP DAYTONA BEACH, FL 32114	
TITLE VD	<input checked="" type="checkbox"/> Delete
NAME MARZ, PAULL	
STREET ADDRESS 121 RIO PINAR TRAIL	
CITY-ST-ZIP ORMOND BEACH, FL 32174	
TITLE TD	<input checked="" type="checkbox"/> Delete
NAME DAVIDSON, DAVID J	
STREET ADDRESS 1 IROQUOIS TRAIL	
CITY-ST-ZIP ORMOND BEACH, FL 32174	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ALEX LOYD	
STREET ADDRESS 7 ROLLINGWOOD TRAIL	
CITY-ST-ZIP ORMOND BEACH, FL 32174	
TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME J RICHARD BOEHM	
STREET ADDRESS 5 SPRINGWOOD TR	
CITY-ST-ZIP ORMOND BEACH, FL 32174	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *J. Richard Boehm* DATE 4-26-06 DAYTIME PHONE # 386-258-3341
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR