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NONPROFIT CORPORATION ANNUAL REPORT

SIGNATURE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N24477

(4)

EASTCOAST BASKETBALL OFFICIALS ASSOCIATION, INC.

2. Principal Place of Business 2a. Mailing Address 4. 21 2/35 South Continess ME 26 P.O. 130X 8/11/1 Suite, Apt. #, etc. 5.	Date Incorporated or Qualified 01/25/1988	<u>an 870an bisan dagan bisan basah dabih 1006</u>
WEST PALM BEACH FL 33406 2. Principal Place of Business 2. Discrete Markets M		
2. Principal Place of Business 21. ONGRESS AVE 26 P.O. 130X 8//// Suite, Apt. #, etc. 5.		
2. Principal Place of Business 2a. Mailing Address 4. 21 2/35 South Continess ME 26 P.O. 130X 8/11/1 Suite, Apt. #, etc. 5.		Ta Data of Lest Board
1 2/35 South Conteness Ave 26 F.O. 130x 8/1/1/1 Suite, Apt. #, etc. 5.	0 1/20/ 1000	3a. Date of Last Report 11/20/1995
Suite, Apt. #, etc. 5.	FEI Number	Applied For
Suite, Apt. #, etc. Suite, Apt. #, etc. 5.	65-0023193	Not Applicable
	Certificate of Status Desired	\$8.75 Additional Fee Required
27 City's State	Floation Compaign Financina	\$5.00 May Be
	Election Campaign Financing Trust Fund Contribution	Added to Fees
Zip Country Zip Country 8.	This corporation has liability for int	angible tax under s. 199.032,
33406 25 PALM BEACH 29 33481-1111 30 U.S.A.		Yes No
9. Name and Address of Current Registered Agent 10.	Name and Address of New Re	gistered Agent
81 Name		
	O. Box Number is Not Acceptable)
2135 SOUTH CONGRESS AVE. #3C		
WEST PALM BEACH FL 33406		
84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation s	submits this statement for the num	oce of changing its registered of
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation's or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of difamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes.	irectors. I hereby accept the appoi	ntment as régistered agent. I am
familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.		
SIGNATURE Signature, typed or printed name of registered agent and title if applicance (NOTE Registered Agent signature required when re-	enstating)	DATE
12. OFFICERS AND DIRECTORS 13.	ADDITIONS/CHANGES TO OFFIC	
TILE. D DELETE 1.1 TITLE		Change Addition
ARNETTE, BERNARD		
STREET ADDRESS 4336 FOREST HILL BLV 167 13 STREET ADDRESS		
W. PALM BEACH FL 33406		
TITLE D DELETE 21 TITLE D	UURAK TOM	Change Additio
NAME RICHARDSON, CASHUS 22 NAME	•	
STREET ADDRESS 3901 36TH CT A-207 23 STREET ADDRESS 5 3	SS N.W. YUND	TERAN CE
	OCA RATUNE	LUGIDA 33496
TITLE D 31 TITLE CA	INTE KY KICK	Change
NAME KLOPP, ROBERT R 32 NAME	370 128Th	TRAIL ALLETH
	J/U /4814	33474.531
STREET ADDRESS 33 SADDLEBACK ROAD 33 STREET ADDRESS //-	LITEN TEONIUM	33 4 78 - 5 3/ ☐ Change ☐ Addition
CITY-ST-ZIP TEQUESTA FL 33469 34 CITY-ST-ZIP JU	2'880 - 48	
CITY-ST-ZIP TEQUESTA FL 33469 34 CITY-ST-ZIP JU TITLE D DELETE 4.1 TITLE Z		
CITY-ST-ZIP TEQUESTA FL 33469 34 CITY-ST-ZIP JU ITILE D DELETE 4.1 TITLE Z NAME METCALF, CHARLES 4.2 NAME F	RWIN TOF	
CITY-ST-ZIP TEQUESTA FL 33469 34 CITY-ST-ZIP JU ITILE D DELETE 4.1 TITLE Z NAME METCALF. CHARLES 4.2 NAME F	RWIN TOF	
TEQUESTA FL 33469 34 CITY-ST-ZIP TU TITLE	RWIN TOF	
CITY-ST-ZIP TEQUESTA FL 33469 3.4 CITY-ST-ZIP JU ITILE D DELETE 4.1 TITLE Z NAME METCALF, CHARLES 4.2 NAME 4.2 NAME STREET ADDRESS 1521 WYNNCLIFF DR 4.3 STREET ADDRESS 6.6 C CITY-ST-ZIP WELLINGTON FL 33414 4.4 CITY-ST-ZIP 2.5 TITLE TITLE DELETE 5.1 TITLE 5.0 MME		
CITY-ST-ZIP TEQUESTA FL 33469 TITLE NAME METCALF, CHARLES STREET ADDRESS CITY-ST-ZIP WELLINGTON FL 33414 TITLE NAME DELETE 3 4 CITY-ST-ZIP 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP TITLE DELETE 5 1 TITLE S 2 NAME 5 2 NAME 5 2 NAME	RWIN TOF	
CITY-ST-ZIP TEQUESTA FL 33469 34 CITY-ST-ZIP TUTLE NAME METCALF, CHARLES STREET ADDRESS CITY-ST-ZIP WELLINGTON FL 33414 DELETE 14 CITY-ST-ZIP 44 CITY-ST-ZIP 51 TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS 53 STREET ADDRESS 54 CITY-ST-ZIP 51 TITLE 16 CITY-ST-ZIP 51 TITLE 17 CITY-ST-ZIP 53 STREET ADDRESS 54 CITY-ST-ZIP 54 CITY-ST-ZIP 55 NAME 57 STREET ADDRESS 56 CITY-ST-ZIP 57 NAME 58 STREET ADDRESS	RWIN TOF	
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TITLE D METCALF, CHARLES STREET ADDRESS CITY-ST-ZIP TITLE NAME METCALF, CHARLES STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE S STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE S STREET ADDRESS S 4 CITY-ST-ZIP TITLE DELETE DELETE 6 1 TITLE DELETE 6 1 TITLE	RWIN TOF	DRIU \$3.46.7 Change □ Additio