## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Secretary of State DOCUMENT # N38666 03-20-2008 90039 025 \*\*\*\*61.25 PALM BAY YOUTH BASKETBALL ASSOCIATION, INC. Principal Place of Business Mailing Address 330 MYAKKA ST NE **うりりりりめり**え PO BOX 100121 PALM BAY, FL 32910-0121 US PALM BAY, FL 32907 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092008 Cha-NP CR2E037 (12/06) 4. FEI Number 59-3025348 Applied For City & State City & State Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TANSKI, MARK Street Address (P.O. Box Number is Not Acceptable) 330 MYAKKA ST NE PALM BAY, FL 32907 City Zip Code 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 Signature, typed or printed name of registered epent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filling Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Addition TANSKI, MARK NAME NAME STREET ADDRESS 330 MYAKKA ST NE STREET ADDRESS CITY-ST-ZIP PALM BAY, FL 32907 City-St-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE GREEN, DEANA 470 NEPTUNE DR. NE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BAY, FL 32907 CITY-ST-ZIP Delete Secretary Change Addition BURGIN, PAT NAME NAME Kim Carlo 240 Naylor Street, NE Palm Bay, FL 32907 474 HYDER ST, NE STREET ADDRESS STREET ADDRESS CITY-ST-7IP PALM BAY, FL 32907 CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P ☐ Delete TITLE TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

FILED

Mar 20, 2008 8:00 am

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 hije empowered.

SIGNATURE:

Deana R. Green