FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 APR 25 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N39927** **(1)**

1. Corporation Name

FLORIDA NETBALL ASSOCIATION, CORPORATION

Principal Place of Business	Mailing Address
P.O. BOX 69-3406 MIAMI FL 33269	P.O. BOX 69-3406 MIAMI FL 33269

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/13/1990**
3a. Date of Last Report: **04/25/1994**
4. FEI Number: **65-0285901** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BAILEY, ABE A. 300 NW 183 ST MIAMI FL 33169	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	ROGERS, HAZELLE	1.2 NAME	
STREET ADDRESS	3670 N.W. 27TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☒ Change ☐ Addition
NAME	SHAW, ROSIE	2.2 NAME	SD
STREET ADDRESS	8356 S. MISSIONWOOD CIR.	2.3 STREET ADDRESS	Grace Bailey
CITY-ST-ZIP	MIRAMAR FL	2.4 CITY-ST-ZIP	2916 River Run Circle W. Miramar, Fl. 33025
TITLE	V	3.1 TITLE	* ☐ Change ☐ Addition
NAME	STEVENS, SHARON	3.2 NAME	V
STREET ADDRESS	4811 N.W. 7TH DT.	3.3 STREET ADDRESS	Yvette Taylor-Reynolds
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP	N.W 41st Street Lauderdale Lakes, Fl. 33311
TITLE	TD	4.1 TITLE	* ☐ Change ☐ Addition
NAME	COTTEREL, GEORGIA	4.2 NAME	TD
STREET ADDRESS	2821 SOMERSET DR., SUITE A-400	4.3 STREET ADDRESS	Hillary McBarnette
CITY-ST-ZIP	LAUDERDALE LAKES FL	4.4 CITY-ST-ZIP	14500 NW 13th Ave Miami, Fl. 33167
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: H Rogers Hazelle Rogers 4-15-95 (305) 485-6356
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

607K049