

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N39927

1. Corporation Name

FLORIDA NETBALL ASSOCIATION, CORPORATION

Principal Place of Business

5975 W. SUNRISE BLVD
SUITE 112
SUNRISE FL 33313

Mailing Address

5975 W. SUNRISE BLVD
SUITE 112
SUNRISE FL 33313

FILED

99 OCT 12 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

| | | | | | |
|---|--|-----------------------------|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 5546 W Oakland Park Blvd | | 26 5546 W Oakland Park Blvd | | 09/13/1990 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 206 | | 27 Suite 206 | | 65-0285901 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 Landeshill FL | | 28 Landeshill FL | | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip | | Zip | | Trust Fund Contribution | |
| 24 33313 | | 29 33313 | | 30 USA | |
| Country | | Country | | Country | |
| 25 USA | | 29 33313 | | 30 USA | |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |
| DUNBAR, ALICIA 2123 CHAMPIONS WAY NORTH LAUDERDALE FL 33068 | | | | 81 Name | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | 83 500003021655--5 | |
| | | | | 84 City | |
| | | | | -10/22/99--01008--002 | |
| | | | | ****236.25 | |
| | | | | FL | |
| | | | | 7/7/99 | |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Dunbar* (NOTE: Registered Agent signature required when reinstating) DATE 7/7/99

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------|---|----------------------------------|
| TITLE | PD | 1.1 TITLE | PD |
| NAME | NEWKINS, ESTER | 1.2 NAME | NEWKINS, ESTER |
| STREET ADDRESS | 4865 NW 6TH STREET | 1.3 STREET ADDRESS | 1360 NW 79th Ave |
| CITY-ST-ZIP | PLANTATION FL 33317 | 1.4 CITY-ST-ZIP | Plantation, FL 33322 |
| TITLE | SD | 2.1 TITLE | |
| NAME | BROOKS, SANDRA | 2.2 NAME | |
| STREET ADDRESS | 20406 NW 29TH PLACE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | OPA LOCKA FL 33056 | 2.4 CITY-ST-ZIP | |
| TITLE | TD | 3.1 TITLE | |
| NAME | DUNBAR, ALICIA | 3.2 NAME | |
| STREET ADDRESS | 2123 CHAMPIONS WAY | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | NORTH LAUDERDALE FL 33068 | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | PD |
| NAME | | 4.2 NAME | SHARDN STEVENS |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 5546 W Oakland Park Blvd Ste 206 |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | Landeshill, FL 33313 |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing 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, on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

7/7/99

(950) 583-5116