

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44779

FILED
Apr 04, 2006
Secretary of State

Entity Name: SOUTHERN ASSOCIATION OF BASKETBALL OFFICIALS, INC.

Current Principal Place of Business:

6739 SEABOARD AVE
JACKSONVILLE, FL 32244 US

New Principal Place of Business:

1616 MAYVIEW RD
JACKSONVILLE, FL 32210 US

Current Mailing Address:

2933 WEST 4TH STREET
JACKSONVILLE, FL 322542420 US

New Mailing Address:

1910 DEBUTANTE DR
JACKSONVILLE, FL 32246 US

FEI Number: 59-3026235

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNIGHT, ANDREW J. II
501 WEST BAY STREET
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BUSBEE, MARGARET
Address: 6739 SEABOARD AVE.
City-St-Zip: JACKSONVILLE, FL 32244

Title: VPD () Delete
Name: MCKENNIS, ALLEN
Address: 1788 WOODENRAIL LANE
City-St-Zip: JACKSONVILLE, FL 32225

Title: S () Delete
Name: NASO, STEVE
Address: 36 BRUNING LANE
City-St-Zip: PALM COAST, FL 32137

Title: DT () Delete
Name: BOOKER, DOUGLAS
Address: 2933 WEST 4TH STREET
City-St-Zip: JACKSONVILLE, FL 322542420

Title: DC () Delete
Name: SAPPENFIELD, EARL
Address: 1910 DEBUTANTE DR.
City-St-Zip: JACKSONVILLE, FL 32246

Title: DM () Delete
Name: WILSON, MAURICE
Address: 11391 SECURETARIAT LANE W
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: WEAVER, PETE
Address: 1616 MAYVIEW RD
City-St-Zip: JACKSONVILLE, FL 32210

Title: VPD (X) Change () Addition
Name: DIXON, NILE
Address: 6181 DEEPWOOD DR
City-St-Zip: JACKSONVILLE, FL 32244

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: HODGES, DONALD
Address: 1108 EVERGREEN AVE
City-St-Zip: JACKSONVILLE, FL 32219

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EARL SAPPENFIELD

DC

04/04/2006

Electronic Signature of Signing Officer or Director

Date