

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44779

FILED
Mar 16, 2009
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:

Current Mailing Address:

6181 DEEPWOOD DR
JACKSONVILLE, FL 32244 US

New Mailing Address:

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: PRES () Delete
Name: BING, GREGORY
Address: 4066 EAGLE LANDING PARKWAY
City-St-Zip: ORANGE PARK, FL 32065

Title: VPD () Delete
Name: WILLIAMS, JERRY
Address: 4544 LONGLEAF CT E
City-St-Zip: ORANGE PARK, FL 32073

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

Title: COM () Delete
Name: DIXON, NILE
Address: 6181 DEEPWOOD DR
City-St-Zip: JACKSONVILLE, FL 32244

Title: DM () Delete
Name: STARLING, LAWRENCE
Address: 12613 WIMICA LANE
City-St-Zip: JACKSONVILLE, FL 32218

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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: GEARLD E. GIER, JR

TREA

03/16/2009

Electronic Signature of Signing Officer or Director

Date