

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N49089 (8)**

1. Corporation Name

**ZEPHYRHILLS YOUTH BASKETBALL LEAGUE, INC.**



Principal Place of Business

38145 FIFTH AVE.  
ZEPHYRHILLS FL

Mailing Address

38145 FIFTH AVE  
ZEPHYRHILLS FL

3. Date Incorporated or Qualified  
**05/26/1992**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.  
**38606 2nd Ave.**

26. P.O. Box **1722**

23. City & State  
**Zephyrhills, FL**

27. Suite, Apt. #, etc.

28. City & State  
**Zephyrhills, FL**

24. Zip **33541** Country **USA**

29. Zip **33539-1722** Country **USA**

4. FEI Number  
**59-3135443**

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**

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

**MCALVANAH, THOMAS P.  
37818 HWY. 54 WEST  
ZEPHYRHILLS FL**

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 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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DS** ☒ DELETE  
NAME **BURGESS, BEVERLY**  
STREET ADDRESS **6025 SILVER OAKS DR**  
CITY-ST-ZIP **ZEPHYRHILLS FL**

1.1 TITLE **PRESIDENT DP** ☐ Change ☒ Addition  
1.2 NAME **CHRISTOPHER SMITH**  
1.3 STREET ADDRESS **38606 2nd Ave**  
1.4 CITY-ST-ZIP **Zephyrhills, FL 33540**

TITLE **DP** ☒ DELETE  
NAME **PRICKETT, SANDRA**  
STREET ADDRESS **5811 13TH ST**  
CITY-ST-ZIP **ZEPHYRHILLS FL**

2.1 TITLE **Vice President DV** ☒ Change ☐ Addition  
2.2 NAME **Dale Palmer**  
2.3 STREET ADDRESS **39329 Pretty Pond Rd.**  
2.4 CITY-ST-ZIP **Zephyrhills, FL 33540**

TITLE **D** ☐ DELETE  
NAME **BAHR, LENNY**  
STREET ADDRESS **10925 LINDA VISTA LANE**  
CITY-ST-ZIP **DADE CITY FL**

3.1 TITLE **TERESA BAH** ☐ Change ☒ Addition  
3.2 NAME **TERESA BAH**  
3.3 STREET ADDRESS **10925 LINDA VISTA LANE**  
3.4 CITY-ST-ZIP **Dade City, FL 33525**

TITLE **DT** ☒ DELETE  
NAME **POE, ANNA**  
STREET ADDRESS **5119 2ND ST.**  
CITY-ST-ZIP **ZEPHYRHILLS FL**

4.1 TITLE **SECRETARY DS** ☐ Change ☒ Addition  
4.2 NAME **LORI WIGGINS**  
4.3 STREET ADDRESS **5239 IXORA DR.**  
4.4 CITY-ST-ZIP **Zephyrhills, FL 33541**

TITLE **D** ☒ DELETE  
NAME **SURRATT, KEVIN**  
STREET ADDRESS **5122 19TH ST**  
CITY-ST-ZIP **ZEPHYRHILLS FL**

5.1 TITLE **Board Member D** ☐ Change ☒ Addition  
5.2 NAME **Rick Saylor**  
5.3 STREET ADDRESS **6335 12th St.**  
5.4 CITY-ST-ZIP **Zephyrhills, FL 33540**

TITLE **D** ☒ DELETE  
NAME **PALMER, DALE**  
STREET ADDRESS **39329 PRETTY POND RD**  
CITY-ST-ZIP **ZEPHYRHILLS FL**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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)(k), 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: *Christopher R. Smith* **Christopher R. Smith**

**(813) 780-6847**

CR2E037 (12/95)