

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **N49089** (8)
1. Corporation Name

ZEPHYRHILLS YOUTH BASKETBALL LEAGUE, INC.

Principal Place of Business

Mailing Address

36806 2ND AVE
ZEPHYRHILLS FL 33541
US

PO BOX 17222
ZEPHYRHILLS FL 33539-1722
US

2. Principal Place of Business

2a. Mailing Address

21 **4773 Silver Circle**

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

Zephyrhills, FL.

29 City & State

24 Zip **33541**

Country **USA**

30 Zip

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/26/1992

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

**MCALVANA, 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

TITLE **DP** ☐ DELETE
NAME **SMITH CHRISTOPHER**
STREET ADDRESS **36806 2ND AVE**
CITY-ST-ZIP **ZEPHYRHILLS FL**

TITLE **DV** ☒ DELETE
NAME **PLAMER, DALE**
STREET ADDRESS **3929 PRETTY POND RD**
CITY-ST-ZIP **ZEPHYRHILLS FL**

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

TITLE **DS** ☐ DELETE
NAME **WIGGINS, LORI**
STREET ADDRESS **5239 IXORA DR**
CITY-ST-ZIP **ZEPHYRHILLS FL**

TITLE **D** ☐ DELETE
NAME **SAYLOR, RICK**
STREET ADDRESS **6335 12TH ST**
CITY-ST-ZIP **ZEPHYRHILLS FL**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition
1.2 NAME **CHRISTOPHER R. SMITH**
1.3 STREET ADDRESS **4773 Silver Circle**
1.4 CITY-ST-ZIP **Zephyrhills, FL 33541**

2.1 TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
2.2 NAME **Bill Porter**
2.3 STREET ADDRESS **36027 Judoe Dr.**
2.4 CITY-ST-ZIP **Zephyrhills, FL 33541**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME **100002553701--9**
3.3 STREET ADDRESS **-05/09/98--01119--016**
3.4 CITY-ST-ZIP *******61.25 *****61.25**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, or on an attachment with an address.

SIGNATURE

CHRISTOPHER SMITH

5/20/98 (813) 780-6847

CR2E037 (10/97)