NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

1722

Country

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT #

1. Corporation Name

ZEPHYRHILLS YOUTH BASKETBALL LEAGUE, INC.

· · · Country

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

4773 SILVER CIRCLE : 1 ZEPHYRILLS FL 33541

us

21

22

23

Mailing Address

PO BOX 17222

2a. Mailing Address

City & State

PO Box

Suite, Apt. #, etc.

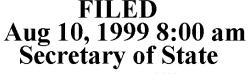
ZEPHYRHILLS FL 33539-1722

26

27

28

Zip



08-10-1999 90022 009 ****61.25

Date Incorporated or Qualifed

05/26/1992

59-3135443

5. Certifcate of Status Desired

6. Election Campaign Financing

FEI Number

[24]	1 25	29		"		Trust Fund Contribution	Added to	1 665
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
マムシル さん かたし チ はんり ニ					Name			
MCALVANAH, THOMAS P.					Street	Address (P.O. Box Number is Not Accept	able)	
37818 HWY, 54 WEST					Suber	Address (1.0. Dox Hairibal is Not Addept	15.07	
ZEPHYRHILLS FL				83			111/11 11	
ZEFITINILLS FL								
					City		FL 85 Zip Co	
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 (NOTE: Registered Agent signature required when reinstating)								
Signature, typed or printed name of registerious agent and one in approache. (17012. Registerious Agent Agen								PS IN 12
12.	n	UFFICERS AND DIR		13. 1.1 TITLE		Vice President	Change	Addition
TITLE	POUTU OU	DICTORUCE	DELETE			Tim Hyre	Hamas	
NAME	Other I, Other Of The I		1.2 NAME		5239 4 Kora Dr		ļ	
STREET ADDRESS	1110 012:217 011022		1.3 STREET		Jephunhills Fl		}	
CITY-ST-ZIP		LS FL 33541		1.4 CITY-S	T-ZIP	Zephyrhills, FL fresident		☐ Addition
TITLE			2.1 TITLE		tresidenc	Change	L Addition	
NAME	PORTER, B			2.2 NAME				
STREET ADDRESS	ss 36627 JUDDEE DR 2		2.3 STREET	ADDRESS				
CITY-ST-ZIP	ZEPHYRHIL	LS FL 33541		2.4 CITY-S	T-ZIP			
TITLE	D		☐ DELETE	3.1 TITLE			Change	Addition
NAME	BAHR, LENI	NY		3.2 NAME				İ
STREET ADDRESS	ACCOUNT AND A MOTA ASSET		3.3 STREET	ADDRESS				
CITY-ST-ZIP	DADE CITY			3.4. CITY-S	T-ZIP			Į.
TITLE	DS	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	4.1 TITLE			(A) Change	Addition
NAME			4.2 NAME		LORI HYRE			
STREET ADDRESS	5239 IXORA			4.3 STREET	ADDRESS	,		
CITY-ST-ZIP	ZEPHYRHIL	. =		4.4 CITY-ST				
TITLE	_n		DELETE	5.1 TITLE			Change	Addition
NAME	SAYLOR, RI	CK	_	5.2 NAME				
STREET ADDRESS	6335 12TH			5.3 STREET	ADDRESS			
	ZEPHYRHIL			5.4 CITY-S1	T-7IP	•		
CITY-ST-ZIP	DT	LOIL	☐ DELETE	6.1 TITLE			☐ Change	Addition
\		ENA		6.2 NAME		1		
NAME	BAHR, TERI			6.3 STREET	AUUDEGG			Ì
STREET ADDRESS		A VISTA LANE						}
CITY-ST-ZIP	DADE CITY	FL		6.4 CITY-ST	r-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

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable