


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N93000000071</b>	
1. Entity Name FLORIDA BASKETBALL & VOLLEYBALL ASSOCIATION, INC.	

Principal Place of Business 1626 S. CONWAY RD. STE B ORLANDO, FL 32812	Mailing Address PO BOX 561420 ORLANDO, FL 32856-1420
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07152004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3160213	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BASILE, JOHN J  
708-E SOUTH CONWAY RD.  
ORLANDO, FL 32807

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERST, RICHARD 5113 HEATHERSTONE DR KISSIMMEE, FL 34758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HOFMA, EDWARD 3806 WILDWOOD AVENUE ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORRIS, COLLEEN K. 2325 DOULTON DRIVE ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICKELS, ANDREW 5111 MILLSTREAM ROAD OCOE, FL 34734
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BASILE, JOHN J 708-E SOUTH CONWAY BLVD ORLANDO, FL 32807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICKMAN, WAYNE 2600 TIMBERLAKE DR ORLANDO, FL 32806

000000167297  
07/19/04-80019-019 70.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  07.07.04 407.898.1469

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #