

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000071

FILED
Jan 16, 2009
Secretary of State

Entity Name: FLORIDA BASKETBALL & VOLLEYBALL ASSOCIATION, INC.

Current Principal Place of Business:

1626 S. CONWAY RD.
STE B
ORLANDO, FL 32812

New Principal Place of Business:

Current Mailing Address:

PO BOX 561420
ORLANDO, FL 328561420

New Mailing Address:

FEI Number: 59-3160213 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BASILE, JOHN J
4208 ARAJO COURT
ORLANDO, FL 32812 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: D () Delete
Name: GERST, RICHARD
Address: 1854 CROSSROADS BLVD
City-St-Zip: WINTER HAVEN, FL 33881

Title: D () Delete
Name: LITCHFORD, JODY
Address: 1003 RIDGECREST RD
City-St-Zip: ORLANDO, FL 32806

Title: VPD () Delete
Name: REED, COLLEEN K.
Address: 2325 DOULTON DRIVE
City-St-Zip: ORLANDO, FL 32812

Title: D () Delete
Name: NICKELS, ANDREW
Address: 5111 MILLSTREAM ROAD
City-St-Zip: OCOEE, FL 34734

Title: PD () Delete
Name: BASILE, JOHN J
Address: 4208 ARAJO CT
City-St-Zip: ORLANDO, FL 32812

Title: D () Delete
Name: RICKMAN, WAYNE
Address: 2600 TIMBERLAKE DR
City-St-Zip: ORLANDO, FL 32806

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: SD (X) Change () Addition
Name: NICKELS, ANDREW
Address: 5111 MILLSTREAM ROAD
City-St-Zip: OCOEE, FL 34734

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: JOHN J BASILE

PD

01/16/2009

Electronic Signature of Signing Officer or Director

Date