2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000331

FILED Jun 09, 2009 Secretary of State

Entity Name: GULF COAST BASKETBALL OFFICIALS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 6409 GOLDFINCH STREET SARASOTA, FL 34241 **Current Mailing Address: New Mailing Address:** 6409 GOLDFINCH STREET SARASOTA, FL 34241 FEI Number: 65-0433887 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PEAIRS, JEFFREY D 6409 GÓLDFINCH STREET SARASOTA, FL 34241 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition ASK. JOHN ABBOTT, RANDY Name: Name: 6409 GOLDFINCH ST Address: 6409 GOLDFINCH ST Address: City-St-Zip: SARASOTA, FL 34241 City-St-Zip: SARASOTA, FL 34241 Title: Title: () Delete () Change () Addition PEAIRS, JEFF Name: Name: Address: 6409 GOLDFINCH STREET Address: City-St-Zip: SARASOTA, FL 34241 City-St-Zip: Title: () Delete Title: TD (X) Change () Addition ABBOTT, RANDY MURRAY, JIM Name: Name: 6409 GOLDFINCH STREET 6409 GOLDFINCH STREET Address: Address: City-St-Zip: SARASOTA, FL 34241 City-St-Zip: SARASOTA, FL 34241 () Delete Title: SD Title: SD (X) Change () Addition THERIAULT, JIM Name: Name: SCRO, SAL 6409 GOLDFINCH STREET Address: Address: 6409 GOLDFINCH STREET City-St-Zip: SARASOTA, FL 34241 City-St-Zip: SARASOTA, FL 34241 Title: () Delete Title: () Change () Addition WHITFIELD, ANTHONY Name: Name: 6409 GOLDFINCH ST Address: Address: City-St-Zip: SARASOTA, FL 34241 City-St-Zip: Title: () Delete Title: () Change () Addition HOYDIC KEN Name: Name: Address: 6409 GOLDFINCH ST Address: SARASOTA, FL 34241 City-St-Zip: 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: JEFF PEAIRS D 06/09/2009