


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 18, 1999 8:00 am
Secretary of State

08-18-1999 90005 024 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000003598

1. Corporation Name

TOMMY "COCHISE" BROWN BASKETBALL FOUNDATION - WHERE EVERY KID'S A STAR, INC.

Principal Place of Business

Mailing Address

901 34TH AVE. NORTH
SUITE 76063

901 34TH AVE. NORTH
SUITE 76063

ST. PETERSBURG FL 33734

ST. PETERSBURG FL 33734



2. Principal Place of Business

21 901 34th AVE NORTH

Suite, Apt. #, etc.

22 76063

City & State

23 ST. PETERSBURG, FL

Zip

24 33734

Country

25 PINELLAS

2a. Mailing Address

26 901 34th AVE NORTH

Suite, Apt. #, etc.

27 76063

City & State

28 ST. PETERSBURG, FL

Zip

29 33734

Country

30 PINELLAS

3. Date Incorporated or Qualified

07/31/1995

4. FEI Number

59-3299333

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

9. Name and Address of Current Registered Agent

BROWN, TOMMY
4690 LAUREL OAK LANE N.E.
ST. PETERSBURG FL 33703

10. Name and Address of New Registered Agent

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUDDY CASURO	1.2 NAME	
STREET ADDRESS	1207 CLEARWATER/LARGO RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33770	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENE, VINCE	2.2 NAME	
STREET ADDRESS	520 BAY LAUREL COURT NE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33734	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANCASTER, TOM	3.2 NAME	LANCASTER, TIM
STREET ADDRESS	6370 23RD LANE	3.3 STREET ADDRESS	6370 23RD LANE
CITY-ST-ZIP	ST. PETERSBURG FL 33734	3.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33734
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, CORINE	4.2 NAME	
STREET ADDRESS	125 73RD AVE., NORTH #316	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33734	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, TOMMY	5.2 NAME	
STREET ADDRESS	4690 LAUREL OAK LANE, NE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33734	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

Tommy Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-11-99

727-553-3189

Date

Daytime Phone #

CR2E037 (5/99)