SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT **CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

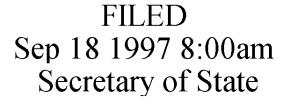
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N96000001028 (7)

WINTER SPRINGS BASKETBALL LEAGUE, INC.

Principal Place	of Business





Principal Place	e of Business		М	ailing Address				F : 001/100 010 011/0 01/10 01
102 LAUREL DR.			100	LAUREL DR.				
SANFORD FL 32				NFORD FL 32773				DO MOT WRITE IN THE OPACE
								DO NOT WRITE IN THIS SPACE 3, Date Incorporated or Qualified 3a. Date of Last Report
								02/27/1996
2. Principal P	lace of Busine	ess	$\overline{}$. Mailing Address				4. FEI Number Applied For Not Applicable
21			26	26				CO 75 Additional
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Regulred
City & State				City & State				6. Election Campaign Financing \$5.00 May Be
23			28	¬ '				Trust Fund Contribution
Zip		Country	Ľ	Zip	Cou	ıntry	•	8. This corporation owes or has paid the current year Intangible
24		25	29	<u></u>	30	,		Personal Property Tax due June 30. Yes M No
	9. Name (and Address of Current	Regis	stered Agent		B1	Nama	10. Name and Address of New Registered Agent
						"	Name	
	re, christo	OPHER R				82	Street	Address (P.O. Box Number is Not Acceptable)
102 LAUF	HEL UH. D FL 32773					83		
Orani Ora	016 02//0					84	City	■ 85 Zip Code
							·	FL
11. Pursuant	to the provision	ons of Sections 617.0502	and 6	317.1508, Florida Statut	es, the a	bove	e-named	d corporation submits this statement for the purpose of changing its registered
agent. I a	m familiar wit	n, and accept the obligati	ons o	f, Section 617.0503, Fk	orida Sta	tutes	S.	poration's board of directors. I hereby accept the appointment as registered
SIGNATURE .	Classics timed	r printed name of registered agent	and title	a II nonleable (NOT	F. Registers	d Ann	ent elemeture	e required when reinstating) DATE
12.	olgristore, typed t	OFFICERS AND			13.	a Age	ork digitalici o	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D			DELETE	1,1 T	TLE		☐ Change ☐ Addition
NAME	MARLETT	e, Christopher R			1.2 N	AME		
STREET ADDRESS	102 LAUR				1.3 S	TREET	ADDRESS	
CITY-ST-ZIP	SANFORD	FL 32773			1.4 0	ITY - S	ST-ZIP	
TITLE	D			DELETE	2.1 T	TLÉ		☐ Change ☐ Addition
NAME		e, peggy f			2.2 N	AME		
STREET ADDRESS	102 LAUR	EL DR.			2.3 S	TREET	ADDRESS	
CITY+ST-ZIP	SANFORD	FL 32773			2.40	YTY-9	ST-ZIP	
TITLE	D			☐ DELETE	3.1 T	ITLE		Change Addition
NAME	WILLIAMS				3.2 N	AME		
STREET ADDRESS		BERINE DR.			3.3 S	TREET	ADDRESS	
CITY-ST-ZIP	SANFORD	FL 32771					ST-ZIP	
TITLE				☐ DELETE	4.1 T			Change Addition
NAME						MAME		
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP				DELETE			ST-ZIP	☐ Change ☐ Addition
TITLE				□ DECEUE	5.1 T 5.2 N			Change C Addition
NAME							AUDECCC	
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP TITLE				DELETE	5.4 C		ST-ZIP	Change Addition
				- briteit	6.2 N			T 4 MIN TO LOCATION
NAME STREET ADDRESS					1		ADDRESS	
STREET ADDRESS					1			
CITY-ST-ZIP	l				091	111-5	T-ZIP	1

I do 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.