


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N96000006489</b>		
1. Entity Name TRI-COUNTY YOUTH BASKETBALL LEAGUE, INC.		
Principal Place of Business 4220 NW 173RD DRIVE MIAMI, FL 33055	Mailing Address 4220 NW 173RD DRIVE MIAMI, FL 33055	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  COLEBROOK, ARTHUR 4220 NW 173RD DRIVE MIAMI, FL 33055		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25- Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COLEBROOK, ARTHUR 4220 NW 173RD DRIVE MIAMI, FL 33055	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WILLIAMS, LYNN 2940 N.W. 181 STREET MIAMI, FL 33055	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS COLEBROOK, DYATHA 4220 NW 173 DR MIAMI, FL 33055	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP COLEBROOK, CANDICE 4220 NW 173 DR MIAMI, FL 33055	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP COLEBROOK, BRANDON 4220 NW 173 DR OPA LOCKA, FL 33055	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Arthur Colebrook</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>April 29-07-305-624-0503</u> Daytime Phone #



04302007 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
65-0714656

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

000000760593  
05/25/07-80019-014 61.25