

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005825

FILED
Apr 30, 2005
Secretary of State

Entity Name: LAUDERDALE LAKES BASKETBALL ASSOCIATION, INC.

Current Principal Place of Business:

4331 N.W. 36TH STREET
LAUDERDALE LAKES, FL 33319

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 490338
LAUDERDALE LAKES, FL 333490338

New Mailing Address:

FEI Number: 65-0816864

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLEMAN, FRANK
2590 NW 34 TERR
LAUDERHILL LAKES, FL 33319 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: PD () Delete
Name: COLEMAN, FRANK
Address: 2590 N.W. 34TH TERRACE
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: SD () Delete
Name: JOHNSON, PAULETTE
Address: 4001 NEW 36 WAY
City-St-Zip: LAUDERDALE LAKES, FL 33309

Title: TD () Delete
Name: BOWENS, JOHN F
Address: 4317 N.W. 45TH AVENUE
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: D () Delete
Name: SMITH, ISSAC
Address: 2581 NW 56TH AVE SUITE C
City-St-Zip: LAUDERHILL, FL 33313

Title: D () Delete
Name: POWELL, WAYNE
Address: 1874 NW 52 AVE
City-St-Zip: SUNRISE, FL 33313

Title: D () Delete
Name: NESMITH, CARL
Address: 4249 NW 37 TERR
City-St-Zip: LAUDERDALE LAKES, FL 33311

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: () Change () Addition
Name:
Address:
City-St-Zip:

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 for the exemption stated in Section 119.07(3)(i), 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 F. BOWENS

TD

04/30/2005

Electronic Signature of Signing Officer or Director

Date