2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# N97000006966

Entity Name: AUBURNDALE YOUTH BASKETBALL LEAGUE, INC.

Current Principal Place of Business:

1 BLOODHOUND TRAIL
AUBURNDALE, FL 33823

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1732
AUBURNDALE, FL 33823

New Mailing Address:

FEI Number: 59-3479717 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FUHRMAN, LESLIE
556 BERKLEY POINTE DRIVE
AUBURNDALE, FL 33823 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: KEY, JOSEPH
Address: 115 SHELBY ST
City-St-Zip: AUBUNRDALE, FL 33823

Title: VPD ( ) Delete
Name: AUERBACHER, BOB
Address: 105 ARIETTA SHORES DRIVE
City-St-Zip: AUBURNDALE, FL 33823

Title: TD ( ) Delete
Name: BOALCH, MIKE
Address: 202 WINONA CIRCLE
City-St-Zip: AUBURNDALE, FL 33823

Title: SD ( ) Delete
Name: FUHRMAN, LESLIE
Address: 566 BERKLEY POINTE DRIVE
City-St-Zip: AUBURNDALE, FL 33823

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:

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: JOSEPH KEY PD 04/30/2007

Electronic Signature of Signing Officer or Director — Date