2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004
Secretary of State

DOCUMENT# N98000001206

Entity Name: ENGLEWOOD BASKETBALL FOUNDATION, INC.

Current Principal Place of Business:

1150 TIMBER TRAIL
ENGLEWOOD, FL 34223

New Principal Place of Business:

Current Mailing Address:

1150 TIMBER TRAIL
ENGLEWOOD, FL 34223

New Mailing Address:

FEI Number: 65-0823815 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ITTERSAGEN, SCOTT D
1861 PLACIDA ROAD
STE 204
ENGLEWOOD, FL 34223

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: D ( ) Delete
Name: WALKER, BARBARA C
Address: 1150 TIMBER TRAIL
City-St-Zip: ENGLEWOOD, FL 34223

Title: D ( ) Delete
Name: ERNST, ERIC
Address: 950 BENGLE AVE
City-St-Zip: ENGLEWOOD, FL 34223

Title: D ( ) Delete
Name: MEALS, CINDY
Address: 1325 BAYSHORE DR
City-St-Zip: ENGLEWOOD, FL 34223

Title: D ( ) Delete
Name: WEBER, JOE
Address: 1700 OVERBROOK ROAD
City-St-Zip: ENGLEWOOD, FL 34223

Title: D ( ) Delete
Name: ERNST, KAREN
Address: 950 BENGLE AVE
City-St-Zip: ENGLEWOOD, FL 34223

Title: D ( ) Delete
Name: PILOTO, DEBRA
Address: 18 PEBBLE BEACH ROAD
City-St-Zip: ROTONDA WEST, FL 33947

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: BARBARA C. WALKER D 04/26/2004
Electronic Signature of Signing Officer or Director — Date