2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000001206

1. Entity Name
ENGLEWOOD BASKETBALL FOUNDATION, INC.

Principal Place of Business	Mailing Address
1861 PLACIDA ROAD SUITE 204 ENGLEWOOD, FL 34223	1861 PLACIDA ROAD SUITE 204 ENGLEWOOD, FL 34223

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03032006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0823815
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WALKER, MICHELLE
STREET ADDRESS	16 PARVIEW COURT
CITY-ST-ZIP	ROTONDA WEST, FL 33947
TITLE	D
NAME	WOLLEY, DONNA J.
STREET ADDRESS	10146 STONECROP AVE.
CITY-ST-ZIP	ENGLEWOOD, FL 34224
TITLE	D
NAME	MEALS, CINDY
STREET ADDRESS	1325 BAYSHORE DR
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	D
NAME	WEBER, JOE
STREET ADDRESS	1700 OVERBROOK ROAD
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	D
NAME	PRIMERANO, MARJORIE
STREET ADDRESS	136 MARKER ROAD
CITY-ST-ZIP	ROTONDA WEST, FL 33947
TITLE	D
NAME	PILOTO, DEBRA
STREET ADDRESS	18 PEBBLE BEACH ROAD
CITY-ST-ZIP	ROTONDA WEST, FL 33947

000000460885
03/20/06-80028-012 61.25

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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: Michelle Walker Michelle Walker 3-6-06 941-628-3581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #