## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000001206

Apr 24, 2007 Secretary of State

Entity Name: ENGLEWOOD BASKETBALL FOUNDATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

1861 PLACIDA ROAD SUITE 204 ENGLEWOOD, FL 34223

**New Mailing Address: Current Mailing Address:** 

1861 PLACIDA ROAD SUITE 204 ENGLEWOOD, FL 34223

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

Title:

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition WALKER, MICHELLE ZAPPIA, MARC Name: Name: 16 PARVIEW COURT Address: 1540 OVERBROOK DR. Address:

ENGLEWOOD, FL 34223 City-St-Zip: ROTONDA WEST, FL 33947 City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition WOLLEY, DONNA J. Name: SMITH, TOM Name:

Address: 10146 STONECROP AVE. Address: 1961 WISCONSIN AVE City-St-Zip: ENGLEWOOD, FL 34224 City-St-Zip: ENGLEWOOD, FL 34223

Title: () Delete Title: S/D (X) Change ( ) Addition MEALS, CINDY LIPSTEIN, DAVID Name: Name:

1325 BAYSHORE DR Address: Address: 1820 GULF BLVD. City-St-Zip: ENGLEWOOD, FL 34223 City-St-Zip: ENGLEWOOD, FL 34223

Title: () Delete Title: (X) Change ( ) Addition

Name: WEBER, JOE Name: LABADIE, RAY 1700 OVERBROOK ROAD 871 BAYSHORE DR. Address: Address: City-St-Zip: ENGLEWOOD, FL 34223 City-St-Zip: ENGLEWOOD, FL 34223

Title: () Delete Title: (X) Change ( ) Addition PRIMERANO, MARJORIE WOJCIK, JUDY

Name: Name: 9176 SPRING VALLEY RD. 136 MARKER ROAD Address: Address:

City-St-Zip: ROTONDA WEST, FL 33947 City-St-Zip: ENGLEWOOD, FL 34224

() Delete (X) Change ( ) Addition SULLIVAN, MARK PILOTO, DEBRA Name: Name: Address: 18 PEBBLE BEACH ROAD Address: 16 ARLINGTON DR. ROTONDA WEST, FL 33947 CAPE HAZE, FL 33946 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

Title:

SIGNATURE: SCOTT D. ITTERSAGEN Т 04/24/2007