

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007056

FILED
Feb 05, 2005
Secretary of State

Entity Name: BAY AREA YOUTH BASKETBALL, INC.

Current Principal Place of Business:

17115 DOWNS DRIVE.
ODESSA, FL 33556 US

New Principal Place of Business:

18102 FALL CREEK DRIVE
LUTZ, FL 33558 US

Current Mailing Address:

17115 DOWNS DRIVE.
ODESSA, FL 33556 US

New Mailing Address:

18102 FALL CREEK DRIVE
LUTZ, FL 33558 US

FEI Number: 59-3554796

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CURRY, CLIFTON C JR.ESQ.
750 W. LUMSDEN RD.
BRANDON, FL 33511 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: P () Delete
Name: CASTORA, KEVIN
Address: 17115 DOWNS DRIVE.
City-St-Zip: ODESSA, FL 33556

Title: V () Delete
Name: NEWMAN, JOHN
Address: 11925 HICKORYNUT DRIVE
City-St-Zip: TAMPA, FL 33625

Title: T () Delete
Name: MARTIN, LISA
Address: 2105 MAGDALENE MANOR
City-St-Zip: TAMPA, FL 33613

Title: D () Delete
Name: ANGEL, SANDY
Address: 32851 TRILBY ROAD
City-St-Zip: DADE CITY, FL 33523

Title: S () Delete
Name: CASTORA, CINDY
Address: 17115 DOWNS DRIVE
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NEWMAN, JOHN
Address: 18102 FALL CREEK DRIVE
City-St-Zip: LUTZ, FL 33558

Title: V (X) Change () Addition
Name: ANGEL, SANDY
Address: 32851 TRILBY ROAD
City-St-Zip: DADE CITY, FL 32523

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

Title: D (X) Change () Addition
Name: CASTORA, KEVIN
Address: 17115 DOWNS DRIVE
City-St-Zip: TAMPA, FL 33556

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: KEVIN CASTORA

D

02/05/2005

Electronic Signature of Signing Officer or Director

Date