

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003996

FILED
Jul 12, 2008
Secretary of State

Entity Name: DELRAY YOUTH BASKETBALL BOOSTERS, INC.

Current Principal Place of Business:

513 SW 6TH STREET
DELRAY BEACH, FL 33444

New Principal Place of Business:

Current Mailing Address:

513 SW 6TH STREET
DELRAY BEACH, FL 33444

New Mailing Address:

FEI Number: 65-0932852 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WILLIAMS, ZERLEAN
513 S.W. 6TH STREET
DELRAY BEACH, FL 33444 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D/P () Delete
Name: WILLIAMS, CURTIS
Address: 513 S. W. 6TH STREET
City-St-Zip: DELRAY BEACH, FL 33444

Title: D () Delete
Name: WILLIAMS, ZERLEAN
Address: 513 SW 6TH STREET
City-St-Zip: DELRAY BEACH, FL 33444

Title: T () Delete
Name: N/A, N/A
Address: 513 SW 6TH STREET
City-St-Zip: DELRAY BEACH, FL 33444

Title: T () Delete
Name: LACONNIE, WATKINS
Address: 513 SW 6TH STREET
City-St-Zip: DELRAY BEACH, FL 33444

Title: DVP () Delete
Name: BLAKE, CHRISTOPHER C
Address: 50 N.W. 1ST AVE
City-St-Zip: DELRAY BEACH,, FL 33444 US

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:

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: ZERLEAN WILLIAMS

D

07/12/2008

Electronic Signature of Signing Officer or Director

Date