

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000051547 (5)

1. Corporation Name

SEBASTIAN RIVER BASKETBALL CAMP, INC.



Principal Place of Business

1374 CHELTENHAM STREET  
SEBASTIAN FL 32958

Mailing Address

1374 CHELTENHAM STREET  
SEBASTIAN FL 32958

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

HODGE, JOHN W  
1374 CHELTENHAM STREET  
SEBASTIAN FL 32958

3. Date Incorporated or Qualified  
07/08/1994

3a. Date of Last Report  
02/13/1995

4. FEI Number  
65-0508533

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent Signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
HODGE, JOHN W  
STREET ADDRESS  
1374 CHELTENHAM STREET  
CITY-STATE-ZIP  
SEBASTIAN FL 32958

TITLE ☐ DELETE

NAME  
MELIA, JAMES  
STREET ADDRESS  
1860-4 WATERFORD DR  
CITY-STATE-ZIP  
VERO BEACH FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

15 CITY-STATE-ZIP

16 CITY-STATE-ZIP

17 CITY-STATE-ZIP

18 CITY-STATE-ZIP

19 CITY-STATE-ZIP

20 CITY-STATE-ZIP

21 CITY-STATE-ZIP

22 CITY-STATE-ZIP

23 CITY-STATE-ZIP

24 CITY-STATE-ZIP

25 CITY-STATE-ZIP

26 CITY-STATE-ZIP

27 CITY-STATE-ZIP

28 CITY-STATE-ZIP

29 CITY-STATE-ZIP

30 CITY-STATE-ZIP

31 CITY-STATE-ZIP

32 CITY-STATE-ZIP

33 CITY-STATE-ZIP

34 CITY-STATE-ZIP

35 CITY-STATE-ZIP

36 CITY-STATE-ZIP

37 CITY-STATE-ZIP

38 CITY-STATE-ZIP

39 CITY-STATE-ZIP

40 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/96

407-5644227

CR2E034 (12/95)