

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000010840

**Entity Name:** COACHES MENTORING THROUGH BASKETBALL INC.

**Current Principal Place of Business:**

13604 PLATTE CREEK CIR.  
APT. #1  
TAMPA, FL 33613

**Current Mailing Address:**

13604 PLATTE CREEK CIR.  
APT. #1  
TAMPA, FL 33613 US

**FEI Number:** 47-5654864

**Certificate of Status Desired:** Yes

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

ALLEN, HERBERT N JR  
13604 PLATTE CREEK CIR  
#1  
TAMPA, FL 33613 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

**Officer/Director Detail :**

Title P  
Name ALLEN, HERBERT N JR  
Address 1809 FRENCH CREEK ROAD  
City-State-Zip: TAMPA FL 33613

Title S  
Name PATTERSON, MICHELE A  
Address 1802 FRENCH CREEK ROAD  
#2  
City-State-Zip: TAMPA FL 33613

Title T  
Name COLEMAN, KENITRA  
Address 10340 BARNETT LOOP  
City-State-Zip: PORT RICHEY FL 34668

Title V  
Name STALEY, LEROY  
Address 14302 WEDGEWOOD CIR.  
102  
City-State-Zip: TAMPA FL 33613

*I hereby 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 all other like empowered.*

**SIGNATURE:** HERBERT N. ALLEN JR.

**PRESIDENT/ CEO**

**02/24/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date