

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90269 032 ****61.25

DOCUMENT # 722158

1. Entity Name
GOAL INCORPORATED



Principal Place of Business
**14040 N.E. 11TH AVENUE
NORTH MIAMI FL 33161**

Mailing Address
**14040 N.E. 11TH AVENUE
NORTH MIAMI FL 33161**

10022309



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1369385**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WINTERS, JOHN F.
14040 N.E. 11TH AVENUE
NORTH MIAMI FL 33161-3302**

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
NAME **JEROME, HURTAK**
STREET ADDRESS **14040 NE 11 AVENUE**
CITY-ST-ZIP **MIAMI FL 33161**

TITLE **CORRECTION** Change Addition
NAME
STREET ADDRESS **14040 NE 11th AVENUE**
CITY-ST-ZIP **MIAMI FL 33161**

TITLE **VD** Delete
NAME **STEVE, MAGLAUGHIAN**
STREET ADDRESS **3600 WASHINGTON STREET**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **VD** Change Addition
NAME **JOHN ZYNKO**
STREET ADDRESS **11720 NE 2nd AVENUE**
CITY-ST-ZIP **MIAMI FL 33161-6106**

TITLE **SD** Delete
NAME **GALBRAITH, JOIE**
STREET ADDRESS **253 NE 101 STREET**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE **TD** Delete
NAME **BALCH, RICHARD**
STREET ADDRESS **805 CAROLINE STREET**
CITY-ST-ZIP **FREDERICKSBURG VA 22407**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature **SIGNATURE REQUIRED**

2/10/03

305 895 6377

CR2E037 (10/02)