


**2007, NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N05000004034**

1. Entity Name  
**FLORIDA INTRODUCES PHYSICAL ACTIVITY AND NUTRITION TO YOUTH INCORPORATED**



Principal Place of Business <b>15007 SW 10TH STREET SUNRISE, FL 33326 US</b>	Mailing Address <b>15007 SW 10TH STREET SUNRISE, FL 33326 US</b>
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**DO NOT WRITE IN THIS SPACE**



01102007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>87-0743538</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KUNINS, LYNNE E  
15007 SW 10TH STREET  
SUNRISE, FL 33326**

**DO NOT WRITE IN THIS SPACE**

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: *Lynne Kunins* DATE: 01/10/07

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KUNINS, LYNNE E 15007 SW 10TH STREET SUNRISE, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDP CASAZZA, KRISTA MS 15007 SW 10TH ST SUNRISE, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDOB GRADY, JACKIE J.D 15007 SW 10TH STREET SUNRISE, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDOH POTTS, LECRETIA RN 15007 SW 10TH STREET SUNRISE, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOF EVANS, REBECCA 15007 SW 10TH STREET SUNRISE, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000593069  
01/22/07-80017-014 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Lynne Kunins* DATE: 1/10/07 DAYTIME PHONE #: 954-854-6416

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR