

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90008 049 ****61.25

DOCUMENT # N06000006485

1. Entity Name
THE AME FOUNDATION, INC.



Principal Place of Business
**PO BOX 8847
CORAL SPRINGS, FL 33075**

Mailing Address
**PO BOX 8847
CORAL SPRINGS, FL 33075**

DO NOT WRITE IN THIS SPACE



01262008 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0994251

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCNAMARA, THOMAS P
2907 BAY TO BAY BLVD
SUITE 201
TAMPA, FL 33629**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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
**D
SERBIN, JAY
PO BOX 8847
CORAL SPRINGS, FL 33075**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SERBIN, RANDI
PO BOX 8847
CORAL SPRINGS, FL 33075**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SERBIN, CAROL
PO BOX 8847
CORAL SPRINGS, FL 33075**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Jay Serbin **JAY SERBIN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/08 **954-346-1996**