

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001341

FILED
May 01, 2009
Secretary of State

Entity Name: THE INFINITE WAY OF THE MARTIAL ARTS, INC.

Current Principal Place of Business:

5324 53RD WAY
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

5324 53RD WAY
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 65-0676317 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BURNEY, DENISE M
5324 53RD WAY
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILLIAMS, DAVID A
Address: 5324 53RD WAY
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D () Delete
Name: BURNEY, DENISE M
Address: 5324 53RD WAY
City-St-Zip: WEST PALM BEACH, FL 33409

Title: O () Delete
Name: MCCRAY, ROBERT L
Address: 1025 BIG TORCH STREET
City-St-Zip: RIVIERA BEACH, FL 33407

Title: O () Delete
Name: GRAY-LEWIS, LECIA
Address: 4000 HEATH CIRCLE SO
City-St-Zip: WEST PALM BEACH, FL 33407

Title: ST () Delete
Name: MOULTRIE, RANGELIQUE M
Address: 1025 BIG TORCH STREET
City-St-Zip: RIVIERA BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DENISE M. BURNEY

D

05/01/2009

Electronic Signature of Signing Officer or Director

_____ Date