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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000003022

1. Corporation Name
NISEI GOJO RYU KARATE & JUJITSU SOUTHERN REGION YOUTH P.A.C. PROGRAM, INC.

Principal Place of Business	Mailing Address
18061 N.W. 27TH AVENUE MIAMI FL 33056	18061 N.W. 27TH AVENUE MIAMI FL 33056

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 05/22/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0540348 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

THOMPSON, HERBIE
18061 N.W. 27TH AVENUE
MIAMI FL 33056

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	JERRY GARNER	☐ Change ☒ ADD
NAME	THOMPSON, HERBIE		1.2 NAME		
STREET ADDRESS	7110 N.W. 179TH STREET, #311		1.3 STREET ADDRESS	2855 N.W. 163 ST.	
CITY-ST-ZIP	MIAMI FL 33015		1.4 CITY-ST-ZIP	MIAMI, FLA. 33054	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☒ Addition
NAME	SISCO, JAMES		2.2 NAME	Dexter Fletcher	
STREET ADDRESS	9601 NORWOOD DRIVE, #D		2.3 STREET ADDRESS	6700 NW 186 ST	
CITY-ST-ZIP	TAMPA FL 33624		2.4 CITY-ST-ZIP	Miami, FL	
TITLE	D	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	WINN, ULYSSES "POP"		3.2 NAME	Ruben Newbold	
STREET ADDRESS	1031 W 2ND STREET		3.3 STREET ADDRESS	19422 NW 39 AVE	
CITY-ST-ZIP	RIVERIA BEACH FL 33404		3.4 CITY-ST-ZIP	Miami, FL 33015	
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	RAMIEZ, MIKE		4.2 NAME	Terrance Liner	
STREET ADDRESS	1921 W. 60TH STREET		4.3 STREET ADDRESS	1211 Sesame St.	
CITY-ST-ZIP	HIALEAH FL 33404		4.4 CITY-ST-ZIP	Opa-Locka, FL 33054	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	POOLE, JAMES		5.2 NAME	Berezly Rutherford	
STREET ADDRESS	7110 N.W. 179TH STREET, #311		5.3 STREET ADDRESS	4310 NW 173 DR	
CITY-ST-ZIP	MIAMI FL 33015		5.4 CITY-ST-ZIP	Miami, FL 33055	
TITLE	VERONICA R. WALKER	☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	1725W 204 AVE		6.2 NAME	Denise Baker	
STREET ADDRESS	Pembroke Pines FL 33029-5008		6.3 STREET ADDRESS	5534 NW 184 Terrace	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Miami, FL 33055	

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

(305)628 55886

SIGNATURE: SIGNATURE REQUIRED Herbie Thompson 20 MAR 99 305-842-9232 (BP)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #