2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

May 02, 2005 8:00 am Secretary of State **DOCUMENT # N98000003022** 05-02-2005 90429 025 ****70.00 1. Entity Name NISEÍ GOJU RYU KARATE & JUJITSU SOUTHERN REGION YOUTH P.A.C. PROGRAM, INC. Principal Place of Business Mailing Address 18061 N.W. 27TH AVENUE 18061 N.W. 27TH AVENUE MIAMI, FL 33056 MIAMI, FL 33056 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04122005 Chg-NP CR2E037 (10/03) 4. FEI Number 65-0540348 City & State Applied For City & State Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THOMPSON, HERBERT Street Address (P.O. Box Number is Not Acceptable) 18061 N.W. 27TH AVENUE MIAMI, FL 33056 Zip Code City 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 regulared when reinstating) DATE Make check payable to 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Due by May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 · OFFICERS AND DIRECTORS 10. 11. Addition PD Delete TITLE ☐ Change TITLE Annie Washington THOMPSON, HERBERT NAME NAME 17115 NW 17 AVE . STREET ADDRESS STREET ADDRESS MIAMI, FL 33056 -CITY-ST-ZIP CITY-ST-ZIP MiaM. Change Addition TITLE ☐ Delete TITLE SISCO, JAMES NAME NAME 9601 NORWOOD DRIVE, #D STREET ADDRESS STREET ADDRESS BAHAMAS AB 20274 CITY-ST-7IP TAMPA, FL 33624 CITY-ST-ZIP Delete TITLE TITLE WINN, ULYSSES "POP" HAME NAME 8861 HU 27AUSTREET ADDRESS STREET ADDRESS 1031 W 2ND STREET LIAMI RIVERIA BEACH, FL 33404 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change Addition LINER, SAMUEL NAME NAME 1211 SESAME ST STREET ADDRESS

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 Chaptal 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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

NAME

OPA LOCKA, FL 33054

NEWBOLD, RUBEN

MIAMI, FL 33015

19422 NW 79TH AVE.

FLETCHER, DEXTER

6700 NW 186TH ST

MIAMI, FL 33054

Delete

Delete

Change

☐ Change

Addition

☐ Addition

FILED