## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # N98000003022**

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



**FILED** May 04, 2006 8:00 am Secretary of State

05-04-2006 90194 045 \*\*\*\*70.00

Daytime Phone #

							7.70							
Principal Place of Business 18061 N.W. 27TH AVENUE MIAMI, FL 33056				Mailing Address 18061 N.W. 27TH AVENUE MIAMI, FL 33056						0082574	<u>.</u> !	· (811)		
2. Principal Place of Business				3. Mailing Address										
Suite, Apt. #, etc.				Suite, Apt. #, etc.				043020	06	Chg-NP	CR2E	E037 (4/06)	•	
City & State				City & State			4. FEI Number 65-054034			348		<del>-</del>	Applied For	
Zip Country			Zij	Zip Cou			5. Certificate of			f Status Desired	Z	\$8.75 A	dditional	
6. Name and Address of Current Re				gistered Agent			7. Name and Address of New Registered Agent							
THOMPSON, HERBERT 18061 N.W. 27TH AVENUE MIAMI, FL 33056							Name Street Address (P.O. Box Number is Not Acceptable)							
						City					FI	Zip Co	de	
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 9. Election Camp. Due by May 1, 2006 Trust Fund Cor								\$5.00 May Be Make check payable to Florida Department of State						
10.	OFFICERS AND DIRECTORS						ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10							
TITLE	<u> </u>			Delete	TITLE		D			_		☐ Change	X Addition	
NAME STREET ADDRESS	THOMPSON, HERBERT 17115 NW 17 AVE				NAM					ington				
CITY-ST-ZIP	MIAMI, FL			ET ADDRESS -St-Zip 🏽 🏲	1 .	15 NW i, fl		7 Avenue 3056	<b>!</b>					
TITLE	V			☐ Delete	TITLE		D	<del>* /                                    </del>		3030		☐ Change	Addition	
NAME	SISCO, JAMES			NAM									237.444.6411	
STREET ADDRESS	9601 NOF	RWOOD DRIVE, #D		STR				rton toote co in the bahamas AB20274						
CITY-ST-ZIP	TAMPA, F	L 33624		cm			<u> </u>	CO IN		ie banan	ids A	BZUZ	<del></del>	
TITLE	D			Delete	TITLE		D					Change	Addition	
NAME	WNN, ULYSSES "POP"   1031 W 2ND STREET				NAM		Jer	ry ga	rne	∍r			''	
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS	1800	61 NW						
		BEACH, FL 33404			_	ST-ZIP	Mia	mi FL	3	33056				
TITLE NAME	D LINER, SA	MH IEI		☐ Delete	TITLE		1					☐ Change	Addition	
STREET ADDRESS	1211 SES					: Et address								
CITY-ST-ZIP	ì	KA, FL 33054				ST-ZIP	1							
TITLE	D			☐ Delete	TITLE							☐ Change	Addition	
NAME	NEWBOLD, RUBEN			NAMI			į							
STREET ADDRESS					STRE	ET ADDRESS								
CITY-ST-ZIP	MIAMI, FL	. 33015			CITY-	ST-ZIP								
TITLE	D			☐ Delete	TITLE							☐ Change	☐ Addition	
NAME	FLETCHER, DEXTER				NAME									
STREET ADDRESS						ET ADDRESS	1							
CITY-ST-ZIP	MIAMI, FL					ST-ZIP								
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 addiress, with a hother like empowered.														

MATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

SIGNATURE: