

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Aug 16, 2007 8:00 am
Secretary of State

08-16-2007 90014 020 ****70.00

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



Principal Place of Business
**18061 N.W. 27TH AVENUE
MIAMI, FL 33056**

Mailing Address
**18061 N.W. 27TH AVENUE
MIAMI, FL 33056**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08092007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0540348

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

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 reappointing) DATE _____

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	THOMPSON, HERBERT	
STREET ADDRESS	17115 NW 17 AVE	
CITY-ST-ZIP	MIAMI, FL 33056	
TITLE	V	☐ Delete
NAME	SISCO, JAMES	
STREET ADDRESS	9601 NORWOOD DRIVE, #D	
CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	D	☐ Delete
NAME	WINN, ULYSSES "POP"	
STREET ADDRESS	1031 W 2ND STREET	
CITY-ST-ZIP	RIVERIA BEACH, FL 33404	
TITLE	D	☐ Delete
NAME	LINER, SAMUEL	
STREET ADDRESS	1211 SESAME ST	
CITY-ST-ZIP	OPA LOCKA, FL 33054	
TITLE	D	☐ Delete
NAME	NEWBOLD, RUBEN	
STREET ADDRESS	19422 NW 79TH AVE.	
CITY-ST-ZIP	MIAMI, FL 33015	
TITLE	D	☐ Delete
NAME	FLETCHER, DEXTER	
STREET ADDRESS	6700 NW 186TH ST	
CITY-ST-ZIP	MIAMI, FL 33054	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Officer	☐ Change ☒ Addition
NAME	Gallop Franklyn	
STREET ADDRESS	1519 NE Capital Circle #21	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	Officer	☐ Change ☒ Addition
NAME	Jerry Garner	
STREET ADDRESS	18061 6 NW 27 AV, Niani, FL	
CITY-ST-ZIP		
TITLE	D	☐ Change ☒ Addition
NAME	Annie Washington	
STREET ADDRESS	17115 NW 17 AVE, Miami	
CITY-ST-ZIP	FL 3305	
TITLE	D	☐ Change ☐ Addition
NAME	Churton Toote	
STREET ADDRESS	ABACO In The Bahamas	
CITY-ST-ZIP	AB20274	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-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 address, with all other like empowered.

SIGNATURE: *Herbert Thompson* **8/8/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #