2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003022

FILED May 01, 2009 Secretary of State

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

| Current | rincipal Place of Business: | New Principal Place of Business: |
|---|--|---|
| 18061 N.W MIAMI, FL | V. 27TH AVENUE 33056 | |
| Current M | lailing Address: | New Mailing Address: |
| 18061 N.W MIAMI, FL | V. 27TH AVENUE 33056 | |
| In accordan | : 65-0540348 | FEI Number Not Applicable () Certificate of Status Desired (X) of receive the prior notice. Name and Address of New Registered Agent: |
| | DN, HERBERT V. 27TH AVENUE 33056 US | |
| | named entity submits this statement for the $\mbox{\scriptsize }$ e of Florida. | ourpose of changing its registered office or registered agent, or bot |
| SIGNATU | RE: | |
| | Electronic Signature of Registered Ag | ent Date |
| OFFICER | S AND DIRECTORS: | ADDITIONS/CHANGES TO OFFICERS AND DIRECTO |
| Title: Name: Address: City-St-Zip: | PD () Delete THOMPSON, HERBERT 17115 NW 17 AVE MIAMI, FL 33056 | Title: () Change () Addition Name: Address: City-St-Zip: |
| Title: Name: Address: City-St-Zip: | V () Delete SISCO, JAMES 9601 NORWOOD DRIVE, #D TAMPA, FL 33624 | Title: O (X) Change () Addition Name: SISCO, JAMES Address: 9601 NORWOOD DRIVE, #D City-St-Zip: TAMPA, FL 33624 |
| Title: Name: Address: City-St-Zip: | D () Delete WINN, ULYSSES 1031 W 2ND STREET RIVERIA BEACH, FL 33404 | Title: V (X) Change () Addition Name: WINN, ULYSSES Address: 1031 W 2ND STREET City-St-Zip: RIVERIA BEACH, FL 33404 |
| Title: Name: Address: City-St-Zip: | D () Delete LINER, SAMUEL 1211 SESAME ST OPA LOCKA, FL 33054 | Title: O (X) Change () Addition Name: LINER, SAMUEL Address: 1211 SESAME ST City-St-Zip: OPA LOCKA, FL 33054 |
| Title: Name: | O () Delete NEWBOLD, RUBEN 19422 NW 79TH AVE. MIAMI, FL 33015 | Title: () Change () Addition Name: Address: City-St-Zip: |
| Address: City-St-Zip: | 17117 UVII, 1 L 000 10 | |

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: HERBERT PRES 05/01/2009