

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000005276

FILED
Feb 21, 2022
Secretary of State
3219602514CC

Entity Name: AMINGA: YOUTH SPORTS DEVELOPMENT PROGRAM CORPORATION

Current Principal Place of Business:

709 SW 2ND LANE
POMPANO BEACH, FL 33060

Current Mailing Address:

709 SW 2ND LANE
POMPANO BEACH, FL 33060 US

FEI Number: 85-1158100

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GOMES, FAUZINHA
709 SW 2ND LANE
POMPANO BEACH, FL 33060 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name GOMES, FAUZINHA
Address 709 SW 2ND LANE
City-State-Zip: POMPANO BEACH FL 33060

Title VP
Name HURGA, MAIALLA
Address 2001 BISCAYNE BLVD APT 3308
City-State-Zip: MIAMI FL 33137

Title S
Name GUIRAND, STEPHANIE
Address 67 PLEASANT STREET APT. 5
City-State-Zip: CAMBRIDGE MA 02139

Title D
Name POINT DU JOUR, TASHIMA
Address 6 GREENLEAF CRICLE
City-State-Zip: FRAMINGHAM MA 01701

Title D
Name GOMES, JOAO
Address 709 SW 2ND LANE
City-State-Zip: POMPANO BEACH FL 33060

Title D
Name GOMES, ELISABETE
Address 709 SW 2ND LANE
City-State-Zip: POMPANO BEACH FL 33060

Title DIRECTOR
Name GARCIA, KIMIYO
Address 3509 BRIDGEWELL COURT
City-State-Zip: FORT MYERS FL 33916

Title DIRECTOR
Name RAMALHO GOMES, SOFIA
Address 709 SW 2ND LANE
City-State-Zip: POMPANO BEACH FL 33060

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I hereby 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 all other like empowered.

SIGNATURE: FAUZINHA GOMES

PRESIDENT

02/21/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GUIRAND, MARC
Address 67 PLEASANT ST
 APT 5
City-State-Zip: CAMBRIDGE MA 02139

Title DIRECTOR
Name ARHIN, JOHN
Address 67 PLEASANT ST
 APT 5
City-State-Zip: CAMBRIDGE MA 02139