

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759447

FILED
Apr 12, 2009
Secretary of State

Entity Name: NATIONAL SPORT JUDO AND NATIONAL JUDO TRAINING CENTER, INC.

Current Principal Place of Business:

14621 S.W. 24TH STREET
DAVIE, FL 33325

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 550-464
FORT LAUDERDALE, FL 33355

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COBB, MIKE
14621 S.W. 24TH STREET
DAVIE, FL 33325 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COBB, MIKE
Address: 14621 S.W. 24TH STREET
City-St-Zip: DAVIE, FL 33325

Title: D () Delete
Name: GORDON, LES
Address: 8270 NW 40TH STREET
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D () Delete
Name: CLARK, BUDDY
Address: 17653 BRITTANY LN.
City-St-Zip: HUNTINGTON BEACH, CA 92647

Title: D () Delete
Name: COBB, CAROL
Address: 14621 SW 24TH ST.
City-St-Zip: FORT LAUDERDALE, FL 33325

Title: D () Delete
Name: AGUILAR, JAMIE
Address: P.O. BOX 16772
City-St-Zip: PLATATION, FL 33318

Title: D () Delete
Name: AGUILAR, ANDY
Address: 110 5TH AVENUE
City-St-Zip: CHULA VISTA, CA 91910

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MIKE COBB

P

04/12/2009

Electronic Signature of Signing Officer or Director

Date