

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000002366**

**1. Entity Name**  
**FUTURE STARS YOUTH SPORTS ASSOCIATION, INC.**



**Principal Place of Business**  
**302 W. DIXIE COURT #57**  
**FT LAUDERDALE, FL 33311 US**

**Mailing Address**  
**302 W. DIXIE COURT #57**  
**FT LAUDERDALE, FL 33311 US**



04292005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**65-0997484**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**BULFIN, ROBERT M**  
**2826 E OAKLAND PARK BLVD STE 200**  
**FT LAUDERDALE, FL 33306**

**DO NOT WRITE  
IN THIS SPACE**

**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**  
**Due by May 1, 2005**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PSD</b>
<b>NAME</b>	<b>WOOD, MARCENIA L</b>
<b>STREET ADDRESS</b>	<b>302 W. DIXIE COURT #57</b>
<b>CITY-ST-ZIP</b>	<b>FT LAUDERDALE, FL 33311</b>
<b>TITLE</b>	<b>VTD</b>
<b>NAME</b>	<b>MORRISON, DAWN</b>
<b>STREET ADDRESS</b>	<b>729 NW 19TH STREET, SUITE 210</b>
<b>CITY-ST-ZIP</b>	<b>FORT LAUDERDALE, FL 33311</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
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<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

U00000355449  
05/03/05-80149-006 61.25

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

*Signature and typed or printed name of signing officer or director*

**4/29/05**

*Date*

**954 565 6002**

*Daytime Phone #*