

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90194 030 ****70.00

DOCUMENT # N00000005006					
1. Entity Name WORLD OLYMPIANS ASSOCIATION FOUNDATION, INC.					
Principal Place of Business 200 SOUTH ORANGE AVENUE SUITE 2300 ORLANDO, FL 32802			Mailing Address 200 SOUTH ORANGE AVENUE SUITE 2300 ORLANDO, FL 32802		
2. Principal Place of Business		3. Mailing Address P.O. Box 1593			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Ft. Myers, Florida		4. FEI Number 59-3689199	
Zip		Country		Zip 33902	
Country		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent A.G.C. CO. 200 S ORANGE AVENUE SUITE 2300 ORLANDO, FL 32801			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$81.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	<input checked="" type="checkbox"/> SCHMITT, PAL DR 200 S. ORANGE AVE., STE., 2300 ORLANDO, FL 32801	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Josh Henson 200 S. Orange Ave. Ste 2300 Orlando, FL 32801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input checked="" type="checkbox"/> BOCHETTE, LISTON DR 200 S. ORANGE AVE., STE., 2300 ORLANDO, FL 32801	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Albert Grimaldi 200 S. Orange Ave Ste. 2300 ORLANDO, FL 32801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input checked="" type="checkbox"/> FERRIS, ELIZABETH DR 200 S. ORANGE AVE., STE 2300 ORLANDO, FL 32801	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> TOOMEY, WILLIAM 200 S. ORANGE AVE., STE., 2300 ORLANDO, FL 32801	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input checked="" type="checkbox"/> ELIOT, HERB 200 S. ORANGE AVE., STE., 2300 ORLANDO, FL 32801	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input checked="" type="checkbox"/> BA, EL HADJI A 200 S. ORANGE AVE., STE., 2300 ORLANDO, FL 32801	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: _____ 305-446-6440					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					