

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90042 004 ****61.25

DOCUMENT # N00000005007

1. Entity Name
WORLD OLYMPIANS ASSOCIATION, INC.



Principal Place of Business
**1200 ANASTASIA AVE
STE 140
MIAMI, FL 33134**

Mailing Address
**200 SOUTH ORANGE AVENUE
SUITE 2300
ORLANDO, FL 32801**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03042004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3689197

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**A.G.C. CO.
200 S ORANGE AVENUE SUITE 2300
ORLANDO, FL 32801**

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

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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **SCHMITT, PAL DR**
STREET ADDRESS **200 S ORANGE AVE STE 2300**
CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE **DS** ☐ Delete
NAME **BOCHETTE, LISTON DR**
STREET ADDRESS **200 S ORANGE AVE STE 2300**
CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE **D** ☐ Delete
NAME **FERRIS, ELIZABETH DR**
STREET ADDRESS **200 S ORANGE AVE STE 2300**
CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE **D** ☐ Delete
NAME **TOOMEY, WILLIAM**
STREET ADDRESS **200 S ORANGE AVE STE 2300**
CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE **D** ☒ Delete
NAME **ELLIOT, HERB**
STREET ADDRESS **200 S ORANGE AVE STE 2300**
CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE **D** ☐ Delete
NAME **DIA BA, EL HADJ A**
STREET ADDRESS **200 S ORANGE AVE STE 2300**
CITY-ST-ZIP **ORLANDO, FL 32801**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **Bouzou, Joel**
STREET ADDRESS **200 S ORANGE AVE STE 2300**
CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE **D** ☐ Change ☒ Addition
NAME **Crooks, Charmaine**
STREET ADDRESS **200 S ORANGE AVE STE 2300**
CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE **D** ☐ Change ☒ Addition
NAME **SUZUKI, Daichi**
STREET ADDRESS **200 S ORANGE AVE STE 2300**
CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE **D** ☐ Change ☒ Addition
NAME **Perkins, Kieren**
STREET ADDRESS **200 S ORANGE AVE STE 2300**
CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Liston Bochette

3/5/04 (239)340-4040

Date

Daytime Phone #