

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

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000004046**

**1. Entity Name**  
**HOOP CENTER FOUNDATION, INC.**



**Principal Place of Business**  
19625 NW 5TH PL  
MIAMI, FL 33169

**Mailing Address**  
19625 NW 5TH PL  
MIAMI, FL 33169



04222005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
65-1110475

**Applied For**  
Not Applicable

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

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

FAIRLEY, TONY  
19625 NW 5TH PL  
MIAMI, FL 33169

**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**

**TITLE** PD  
**NAME** WRIGHT, BARRINGTON G  
**STREET ADDRESS** 19625 NW 5TH PL  
**CITY-ST-ZIP** MIAMI, FL 33169

**TITLE** VPD  
**NAME** FAIRLEY, TONY  
**STREET ADDRESS** 19625 NW 5TH PL  
**CITY-ST-ZIP** MIAMI, FL 33169

**TITLE** TD  
**NAME** WRIGHT, JENNIFER J  
**STREET ADDRESS** 19625 NW 5TH PL  
**CITY-ST-ZIP** MIAMI, FL 33169

**TITLE** SD  
**NAME** FAIRLEY, DONNA  
**STREET ADDRESS** 19625 NW 5TH PL  
**CITY-ST-ZIP** MIAMI, FL 33169

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

UN00000328899  
04/25/05-80096-014 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

4/20/05 (305) 655 1851

Date

Daytime Phone #