

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 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



04192007 No Chg-NP

CR2E037 (4/06)

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

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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, 2007**

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	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Date

Daytime Phone #

4/25/07 (305) 655-1851