


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000004046</b> 1. Entity Name <b>HOOP CENTER FOUNDATION, INC.</b>	
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Principal Place of Business <b>19625 NW 5TH PL MIAMI, FL 33169</b>	Mailing Address <b>19625 NW 5TH PL MIAMI, FL 33169</b>
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**DO NOT WRITE IN THIS SPACE**



04152008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-1110475</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>FAIRLEY, TONY 19625 NW 5TH PL MIAMI, FL 33169</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U00000907284 05/05/08-80032-007 61.25</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WRIGHT, BARRINGTON G 19625 NW 5TH PL MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FAIRLEY, TONY 19625 NW 5TH PL MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WRIGHT, JENNIFER J 19625 NW 5TH PL MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FAIRLEY, DONNA 19625 NW 5TH PL MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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:** *Donna Fairley - secretary* **4/15/08 (305) 655-1851**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #