

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008642

FILED
Apr 14, 2009
Secretary of State

Entity Name: OSCAR THOMAS FOUNDATION, INC.

Current Principal Place of Business:

16300 NE 19TH AVENUE STE 215
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

16499 NE 19TH AVENUE
SUITE 104
NORTH MIAMI BEACH, FL 33162

Current Mailing Address:

PO BOX 821431
S FLORIDA, FL 33082

New Mailing Address:

P.O. BOX 821431
S FLORIDA, FL 33082

FEI Number: 04-3617246

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, Nanci
16300 NE 19TH AVENUE STE 215
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

LAWRENCE, MICHAEL
16499 NE 19TH AVENUE
SUITE 104
NORTH MIAMI BEACH, FL 33162 US

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.

SIGNATURE: MICHAEL LAWRENCE

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: THOMAS, Nanci
Address: 16300 NE 19 AVE STE 215
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: THOMAS, N
Address: P.O. BOX 821431
City-St-Zip: SOUTH FLORIDA, FL 33082

Title: D () Change (X) Addition
Name: LAWRENCE, M
Address: P.O. BOX 821431
City-St-Zip: SOUTH FLORIDA, FL 33082

Title: D () Change (X) Addition
Name: KIFFIN, I
Address: P.O. BOX 821431
City-St-Zip: SOUTH FLORIDA, FL 33082

Title: D () Change (X) Addition
Name: STRINGER, C
Address: P.O. BOX 821431
City-St-Zip: SOUTH FLORIDA, FL 33082

Title: D () Change (X) Addition
Name: MISICK, S
Address: P.O. BOX 821431
City-St-Zip: SOUTH FLORIDA, FL 33082

Title: D () Change (X) Addition
Name: JOHNSON, R
Address: P.O. BOX 821431
City-St-Zip: SOUTH FLORIDA, FL 33082

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL LAWRENCE

D

04/14/2009

Electronic Signature of Signing Officer or Director

Date