2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000008947

1. Entity Name
25-SPORTS FOUNDATION, INC.

Principal Place of Business	Mailing Address
1818 HONEYDEW COURT. OCOEE, FL 34761	1117 PEACHTREE WALK, STE. 125 ATLANTA, GA 30309 US

07062006 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-3760523

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMSON, LARRY
1818 HONEYDEW COURT.
OCOEE, FL 34761

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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 Larry Williamson -D 7-6-06
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 September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000589415
07/11/06-80025-006 61.25

10. OFFICERS AND DIRECTORS

TITLE	PC
NAME	BRYANT, FERNANDO
STREET ADDRESS	1818 HONEYDEW COURT.
CITY-ST-ZIP	OCOEE, FL 34761
TITLE	FD
NAME	WALKER, KESHIA
STREET ADDRESS	1117 PEACHTREE WALK, STE. 125
CITY-ST-ZIP	ATLANTA, GA 30309
TITLE	FPMD
NAME	SCOTT, BRANDI
STREET ADDRESS	1117 PEACHTREE WALK, STE. 125
CITY-ST-ZIP	ATLANTA, GA 30309
TITLE	D
NAME	WILLIAMSON, LARRY
STREET ADDRESS	751 SHIPWATCH DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Fernando Bryant 7-6-06 404-812-9899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #