

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90406 001 ****61.25
04-30-2004 90406 002 ****8.75

DOCUMENT # N02000002122

1. Entity Name

SOUTH FLORIDA ATHLETIC CLUB INC.



Principal Place of Business

**MCTYRS PARK
3501 SW 56TH AVENUE
PEMBROKE PINES FL 33023
US**

Mailing Address

**P.O. BOX 4967
HOLLYWOOD FL 33083-4967
US**

2. Principal Place of Business

MCTYRE PARK

3. Mailing Address

PO BOX 4967

Suite, Apt. #, etc.

3501 SW 56TH AVE

Suite, Apt. #, etc.

HOLLYWOOD, FL

City & State

PEMBROKE PARK, FL

City & State

Zip

33023

Country

US

Zip

33083-4967

Country

US



MOORE

CR2E037 (11/03)

4. FEI Number

75-3004301

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**EDWARDS, KENDRICK
13100 N.W. 22 AVENUE
MIAMI FL 33167**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Kendrick Edwards

1-29-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **EDWARDS, KENDRICK**
STREET ADDRESS **13100 N.W. 22 AVENUE**
CITY-ST-ZIP **MIAMI FL 33167**

TITLE **VD** ☒ Delete
NAME **VAMPER, JAMES**
STREET ADDRESS **621 SW 71ST AVENUE**
CITY-ST-ZIP **PEMBROKE PINES FL 33025**

TITLE **VD** ☒ Delete
NAME **SMITH, HEBERT R III**
STREET ADDRESS **7936 EMBASSY BLVD.**
CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE **TD** ☒ Delete
NAME **SMITH, MARIA C**
STREET ADDRESS **7936 EMBASSY BLVD.**
CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE **SD** ☒ Delete
NAME **HARRIS, KABRINA**
STREET ADDRESS **1135-C WEST DANIA BEACH BLVD.**
CITY-ST-ZIP **DANIA FL 33021**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME **Kendrick Edwards**
STREET ADDRESS **13100 N.W. 22 Avenue**
CITY-ST-ZIP **Miami, Fla 33167**

TITLE ☒ Change ☐ Addition
NAME **DENNIS BUTLER SR.**
STREET ADDRESS **106 MARION RD.**
CITY-ST-ZIP **HOLLYWOOD, FL 33023**

TITLE ☒ Change ☐ Addition
NAME **OTIS LAIDLER JR.**
STREET ADDRESS **5710 SW 36 CT.**
CITY-ST-ZIP **HOLLYWOOD, FL 33023**

TITLE ☒ Change ☐ Addition
NAME **Nakia Hemington**
STREET ADDRESS **4430 S.W 32nd Drive**
CITY-ST-ZIP **HOLLYWOOD FL 33023**

TITLE ☒ Change ☐ Addition
NAME **TANDRA NELSON**
STREET ADDRESS **3510 SW 56 AVE**
CITY-ST-ZIP **HOLLYWOOD, FL 33023**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Kendrick Edwards

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-04

Date

994-7645

Daytime Phone #