

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003452

FILED
Apr 17, 2006
Secretary of State

Entity Name: OMEGA ACTIVITY CENTER FOUNDATION, INC.

Current Principal Place of Business:

15600 NW 42ND AVE
MIAMI, FL 33054

New Principal Place of Business:

Current Mailing Address:

15600 NW 42ND AVE
MIAMI, FL 33054

New Mailing Address:

FEI Number: 04-3652610 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALLEN, STANLEY
1420 SW 104TH AVE
PEMBROKE PINES, FL 33025 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete

Name: FISHER, RT

Address: 1550 143 STREET

City-St-Zip: MIAMI, FL 33167

Title: () Change () Addition

Name:

Address:

City-St-Zip:

Title: VD () Delete

Name: COAKLEY, AUTLEY

Address: 16789 NW 13 CT

City-St-Zip: PEMBROKE PINES, FL 33026

Title: () Change () Addition

Name:

Address:

City-St-Zip:

Title: TD () Delete

Name: THOMPSON, STEPHEN

Address: 21471 NORTHWEST 40TH CIRLE COURT

City-St-Zip: MIAMI, FL 33055

Title: () Change () Addition

Name:

Address:

City-St-Zip:

Title: DT () Delete

Name: DANIELS, EARL

Address: 3250 FROW AVE

City-St-Zip: MIAMI, FL 33133

Title: () Change () Addition

Name:

Address:

City-St-Zip:

Title: D () Delete

Name: STRACHAN, RICHARD SR

Address: 8841 NW 14 CT

City-St-Zip: MIAMI, FL 33147

Title: () Change () Addition

Name:

Address:

City-St-Zip:

Title: D () Delete

Name: CARTER, RANSOM

Address: 913 NW 46 STREET

City-St-Zip: MIAMI, FL 33127

Title: D (X) Change () Addition

Name: DAWKINS, HARRY

Address: 2520 NW 121 STREET

City-St-Zip: MIAMI, FL 33167

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: STEPHEN THOMPSON

TD

04/17/2006

Electronic Signature of Signing Officer or Director

Date