

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003452

FILED
Jan 16, 2009
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: VD () Delete
Name: COAKLEY, AUTLEY
Address: 16789 NW 13 CT
City-St-Zip: PEMBROKE PINES, FL 33026

Title: TD () Delete
Name: THOMPSON, STEPHEN
Address: 21471 NORTHWEST 40TH CIRLE COURT
City-St-Zip: MIAMI, FL 33055

Title: D () Delete
Name: STANLEY, ALLEN L T/D
Address: 1420 SW 104TH AVE
City-St-Zip: MIAMI, FL 33025

Title: DIR () Delete
Name: STRACHAN, RICHARD SR
Address: 8841 NW 14 CT
City-St-Zip: MIAMI, FL 33147

Title: DIR () Delete
Name: DAWKINS, HARRY
Address: 2520 NW 121 STREET
City-St-Zip: MIAMI, FL 33167

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: STANLEY ALLEN

TRS

01/16/2009

Electronic Signature of Signing Officer or Director

Date