

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003452

FILED  
Jan 15, 2011  
Secretary of State

**Entity Name:** OMEGA ACTIVITY CENTER FOUNDATION, INC.

**Current Principal Place of Business:**

15600 NW 42ND AVE  
SUITE 2  
MIAMI, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

15600 NW 42ND AVE  
SUITE 2  
MIAMI, FL 33054

**New Mailing Address:**

**FEI Number:** 04-3652610

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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  
Name: FISHER, RT  
Address: 1550 143 STREET  
City-St-Zip: MIAMI, FL 33167

Title: VD  
Name: COAKLEY, AUTLEY  
Address: 16789 NW 13 CT  
City-St-Zip: PEMBROKE PINES, FL 33026

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: STANLEY ALLEN

TREA

01/15/2011

Electronic Signature of Signing Officer or Director

Date