

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003452

FILED
Feb 15, 2012
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 (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: D
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: PD
Name: WILLIAMS, JOHN
Address: 1764 NW 192 ST
City-St-Zip: MIAMI, FL 33056

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

02/15/2012

Electronic Signature of Signing Officer or Director

Date