

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2008 8:00 am
Secretary of State

07-09-2008 90019 024 ****61.25

DOCUMENT # N02000004797					
1. Entity Name WHO GOT GAME?, INC.					
Principal Place of Business 941 SE FORREST PARK DR STUART, FL 34994			Mailing Address 941 SE FORREST PARK DR STUART, FL 34994		
2. Principal Place of Business - No P.O. Box # 941 SE Forrest Park Dr.		3. Mailing Address 941 SE Forrest Park Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07032008 Chg-NP CR2E037 (12/06)	
City & State Stuart, FL		City & State Stuart, FL		4. FEI Number 04-3695465	
Zip 34994		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MCHARDY, KRAIG 941 SE FORREST PARK DR STUART, FL 34994			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 DATE 7/3/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE Director of Communications	<input type="checkbox"/> Delete		TITLE CEO	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME MCHARDY, ALVIN			NAME Kraig M S Hardy		
STREET ADDRESS 6601 SE AMYRIS CT			STREET ADDRESS 941 SE Forrest Park Dr.		
CITY-ST-ZIP STUART, FL 34997			CITY-ST-ZIP Stuart, FL 34994		
TITLE Director of Fundraising	<input type="checkbox"/> Delete		TITLE Stephanie M S Hardy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME Stacy Razz			NAME Stephanie M S Hardy		
STREET ADDRESS 941 SE Forrest Park Dr.			STREET ADDRESS 941 SE Forrest Park Dr.		
CITY-ST-ZIP Stuart, FL 34994			CITY-ST-ZIP Stuart, FL 34994		
TITLE Treasurer	<input type="checkbox"/> Delete		TITLE Legal Advisor	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME Jennifer Ryder			NAME Shance Clark, ESQ		
STREET ADDRESS 941 SE Forrest Park Dr.			STREET ADDRESS 941 SE Forrest Park Dr.		
CITY-ST-ZIP Stuart, FL 34994			CITY-ST-ZIP Stuart, FL 34994		
TITLE Policy Liaison	<input type="checkbox"/> Delete		TITLE Advisor	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME Dr. Gena Crump			NAME Dr. Solomon Badger		
STREET ADDRESS 941 SE Forrest Park Dr.			STREET ADDRESS 941 SE Forrest Park Dr.		
CITY-ST-ZIP Stuart, FL 34994			CITY-ST-ZIP Stuart, FL 34994		
TITLE Director of Outreach	<input type="checkbox"/> Delete		TITLE James Brown	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME Avah Hauga Brock			NAME Job Coach		
STREET ADDRESS 941 SE Forrest Park Dr.			STREET ADDRESS 941 SE Forrest Park Dr.		
CITY-ST-ZIP Stuart, FL 34994			CITY-ST-ZIP Stuart, FL 34994		
TITLE Director of Business Affairs	<input type="checkbox"/> Delete		TITLE Director of Employment Services	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME Jennifer Morgan			NAME Kimberly M S Hardy		
STREET ADDRESS 941 SE Forrest Park Dr.			STREET ADDRESS 941 SE Forrest Park Dr.		
CITY-ST-ZIP Stuart, FL 34994			CITY-ST-ZIP Stuart, FL 34994		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.