

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000000582

1. Entity Name
THE DOUBLE ACTION FOUNDATION INC.



Principal Place of Business

**P.O.BOX 170143
MIAMI, FL 33017**

Mailing Address

**P.O.BOX 170143
MIAMI, FL 33017**



DO NOT WRITE IN THIS SPACE

04192005 No Chg-NP

CR2E037 (10/03)

4. FEI Number

73-1662271

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FLEMING, AHMAD
2553 CHATEAU LN UNIT B
TALLAHASSEE, FL 32311**

**DO NOT WRITE
IN THIS SPACE**

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

[Signature]

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/20/05

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PT
MANDRELL, RAYMOND
1955 NW 192 TER
MIAMI, FL 33056**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VP
FLEMING, AHMAD
2553 CHATEAU LANE UNIT B
TALLAHASSEE, FL 32311**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**S
MOLTIMORE, NICOLE
2428 JIM LEE ROAD
TALLAHASSEE, FL 32301**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

U000000320786
04/21/05-80052-009 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/05

Date

(850) 210-2628

Daytime Phone #