

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Oct 01, 2004 8:00 am
Secretary of State

10-01-2004 90002 007 ****70.00

DOCUMENT # N03000002979

1. Entity Name
**MINORITY EDUCATION & SPORTS
ADVANCEMENT-THERAPEUTIC, INC.**



Principal Place of Business
**466 TAMARIND PARKE
KISSIMMEE, FL 34758**

Mailing Address
**466 TAMARIND PARKE
KISSIMMEE, FL 34758**

54073841



09202004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

35-2760005

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KNIGHT, PAUL
466 TAMARIND PARKE
KISSIMMEE, FL 34758**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **KNIGHT, PAUL**
STREET ADDRESS **466 TAMARIND PARKE**
CITY-ST-ZIP **KISSIMMEE, FL 34758**

TITLE **D** ☐ Delete
NAME **KNIGHT, WANDA**
STREET ADDRESS **466 TAMARIND PARKE**
CITY-ST-ZIP **KISSIMMEE, FL 34758**

TITLE **D** ☐ Delete
NAME **THOMAS, GREG**
STREET ADDRESS **2125 N NORMANDY BLVD**
CITY-ST-ZIP **DELTONA, FL 32725**

TITLE **D** ☐ Delete
NAME **SALEH, OLIVE**
STREET ADDRESS **2205 POLO CLUB DR**
CITY-ST-ZIP **KISSIMMEE, FL 34761**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: PAUL KNIGHT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/27/04

Date

(407) 931-2343

Daytime Phone #