2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000001923

1. Entity Name
ALLISTER ATHLETIC FUND, INC.

Principal Place of Business	Mailing Address
1220 N OCEAN BLVD GULFSTREAM, FL 33483-7232	1220 N OCEAN BLVD GULFSTREAM, FL 33483-7232

DO NOT WRITE IN THIS SPACE

04132006 No Chg-NP CR2E037 (11/05)

4. FEI Number
90-0147597

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

OSBORNE, R. BRADY JR
798 S FEDERAL HWY STE 100
BOCA RATON, FL 33432

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	ALLISTER, ALBERT
STREET ADDRESS	1220 N OCEAN BLVD
CITY-ST-ZIP	GULFSTREAM, FL 33483
TITLE	VD
NAME	SPENCE, REGINA W
STREET ADDRESS	1220 N OCEAN BLVD
CITY-ST-ZIP	GULFSTREAM, FL 33483
TITLE	V
NAME	OSBORNE, R. BRADY
STREET ADDRESS	798 S FEDERAL HWY, STE 100
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/04/06-80001-013 61.25

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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.

SIGNATURE: R. Allister 4-13-06 561-395-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #