

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008988

FILED
Apr 26, 2007
Secretary of State

Entity Name: THE START FIT FOUNDATION, INC.

Current Principal Place of Business:

514 SE SANCHEZ AVE
OCALA, FL 344785010 US

New Principal Place of Business:

514 SE SANCHEZ AVE
OCALA, FL 34471 US

Current Mailing Address:

514 SE SANCHEZ AVE
OCALA, FL 344785010 US

New Mailing Address:

514 SE SANCHEZ AVE
OCALA, FL 34471 US

FEI Number: 41-2151390

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIBAS, DAVID J
514 SE SANCHEZ AVE
OCALA, FL 344785010 US

Name and Address of New Registered Agent:

GIBAS, DAVID J
514 SE SANCHEZ AVE
OCALA, FL 34471 US

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:

04/26/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GIBAS, DAVID J
Address: 524 S. PINE AVE
City-St-Zip: OCALA, FL 34474 US

Title: D () Delete
Name: YONCE, DENNIS
Address: 524 S. PINE AVE
City-St-Zip: OCALA, FL 34474 US

Title: D () Delete
Name: DENNIS, CAMMY
Address: 524 S. PINE AVE
City-St-Zip: OCALA, FL 34474 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GIBAS, DAVID J
Address: 514 SE SANCHEZ AVE
City-St-Zip: OCALA, FL 34471 US

Title: D (X) Change () Addition
Name: YONCE, DENNIS
Address: PO BOX 5010
City-St-Zip: OCALA, FL 34478 US

Title: D (X) Change () Addition
Name: DENNIS, CAMMY
Address: PO BOX 5010
City-St-Zip: OCALA, FL 34478 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAVID J GIBAS

D

04/26/2007

Electronic Signature of Signing Officer or Director

Date