

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001205

FILED  
May 01, 2009  
Secretary of State

Entity Name: TRU SPORTS FOUNDATION, INC.

**Current Principal Place of Business:**

7871 NW 15 CT  
PEMBROKE PINES, FL 33024 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 245716  
PEMBROKE PINES, FL 33024 US

**New Mailing Address:**

FEI Number: 56-2499692      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SMITH, MARIO O  
1450 NW 197 STREET  
MIAMI, FL 33169 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SMITH, MARIO O PRES  
Address: 1450 NW 197 STREET  
City-St-Zip: MIAMI, FL 33169 US

Title: S ( ) Delete  
Name: BERG, INES SEC  
Address: 7871 NW 15 COURT  
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: T (X) Delete  
Name: SUTTON, PEARSON V. P  
Address: 17301 NW 16TH AVE  
City-St-Zip: MIAMI GARDENS,, FL 33169 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MARIO O SMITH

P

05/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date