

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 19, 2007 08:00 AM
Secretary of State**

DOCUMENT # N05000004034

1. Entity Name
**FLORIDA INTRODUCES PHYSICAL ACTIVITY AND
NUTRITION TO YOUTH INCORPORATED**



Principal Place of Business
**15007 SW 10TH STREET
SUNRISE, FL 33326 US**

Mailing Address
**15007 SW 10TH STREET
SUNRISE, FL 33326 US**



01102007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
87-0743538

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KUNINS, LYNNE E
15007 SW 10TH STREET
SUNRISE, FL 33326**

**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 *Lynne Kunins*
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/10/07
DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KUNINS, LYNNE E
STREET ADDRESS 15007 SW 10TH STREET
CITY-ST-ZIP SUNRISE, FL 33326

TITLE VPDP
NAME CASAZZA, KRISTA MS
STREET ADDRESS 15007 SW 10TH ST
CITY-ST-ZIP SUNRISE, FL 33326

TITLE SDOB
NAME GRADY, JACKIE J.D
STREET ADDRESS 15007 SW 10TH STREET
CITY-ST-ZIP SUNRISE, FL 33326

TITLE TDOH
NAME POTTS, LECRETIA RN
STREET ADDRESS 15007 SW 10TH STREET
CITY-ST-ZIP SUNRISE, FL 33326

TITLE DOF
NAME EVANS, REBECCA
STREET ADDRESS 15007 SW 10TH STREET
CITY-ST-ZIP SUNRISE, FL 33326

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000593069
01/22/07-80017-014 61.25

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IN THIS SPACE**

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: *Lynne Kunins*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/07 954-854-6416
Date Daytime Phone #