

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

6.25

DOCUMENT # N05000009489

1. Entity Name
FLORIDA OLYMPIC SPORTS ACADEMY, INC.



Principal Place of Business
2503 CULBREATH COVE CT.
VALRICO, FL 33594

Mailing Address
2503 CULBREATH COVE CT.
VALRICO, FL 33594

FILED
07 MAY -9 PM 4:26
TALLAHASSEE, FLORIDA



04132007 No Chg-NP CR2E037 (4/06)

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| | |
|--|-------------------------------|
| 4. FEI Number 14-1936385 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

CURRY, CLIFTON C JR
750 WEST LUMSDEN
BRANDON, FL 33511

Rocke, McLean + Sbar
Jammie Brockhoff Esq.
2309 S Mac Dill Ave.
Tampa, FL 33629

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8. The above named entity admits 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)

4-17-07

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 NAME STREET ADDRESS CITY-ST-ZIP | D DONOFRIO, KEVIN 2503 CULBREATH COVE CT. VALRICO, FL 33594 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NORSSTREM, TIMOTHY 921 WINCHESTER LANE VALRICO, FL 33594 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BERRIDGE, GEORGE 1811 TRANSTONE PLACE BRANDON, FL 33510 |
| 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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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-07

Date

813-654-6968

Daytime Phone #