

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012517

FILED
Sep 04, 2008
Secretary of State

Entity Name: SAREPTA FOUNDATION, INC.

Current Principal Place of Business:

19000 NW 23 RD AVE
OPALOCKA, FL 33056

New Principal Place of Business:

Current Mailing Address:

19000 NW 23 RD AVE
OPALOCKA, FL 33056

New Mailing Address:

FEI Number: 20-4945235 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

JOSEPH, FRANCIS
19000 NW 23 RD AVE
OPALOCKA, FL 33056 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: EDP () Delete
Name: JOSEPH, FRANCIS
Address: 19000 NW 23 RD AVE
City-St-Zip: OPALOCKA, FL 33056

Title: S () Delete
Name: MARSEILLE, GERALDA
Address: 14120 NE 16TH CT
City-St-Zip: N MIAMI, FL 33161

Title: S () Delete
Name: BASILE, NERLANDE
Address: 275 NW 191ST ST
City-St-Zip: MIAMI, FL 33169

Title: T () Delete
Name: ETIENNE, LYNNE
Address: 9431 CHELSEA DR
City-St-Zip: MIRAMAR, FL 33025

Title: V () Delete
Name: PERCY, JEAN M
Address: 722 NE 203RD LANE
City-St-Zip: N MIAMI BEACH, FL 33179

Title: D () Delete
Name: EGLAUS, SERES
Address: 1298 SW 28TH AVE
City-St-Zip: FT LAUDERDALE, FL 33312

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:

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: GERALDA MARSEILLE

S

09/04/2008

Electronic Signature of Signing Officer or Director

Date