

# 008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 09, 2008 8:00 am**  
**Secretary of State**

09-09-2008 90002 025 \*\*\*\*70.00

DOCUMENT # N06000004320

1. Entity Name

NIIA FOUNDATION, CORP.



Principal Place of Business

262 VAN LOON AVE NE  
PALM BAY FL 32907

Mailing Address

262 VAN LOON AVE NE  
PALM BAY FL 32907

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1914 BEDFORD AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BROOKLYN, N.Y.

Zip

Country

Zip

Country

11225

KINGS

40110701



2nd MOORE

CR2E037 (4/08)

4. FEI Number

20-4472002

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMPBELL, TINAMARIE N  
262 VAN LOON AVE NE  
PALM BAY FL 32907

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By September 3, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME FISHER, QUINTIN  
STREET ADDRESS 1914 BEDFORD AVE  
CITY-ST-ZIP BROOKLYN NY 11225

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☐ Delete  
NAME CAMPBELL, TINAMARIE  
STREET ADDRESS 325 E UNIVERSITY BLVD #166  
CITY-ST-ZIP MELBOURNE FL 32901

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME COX, FRANCINE  
STREET ADDRESS 9667 POTTERS HILL CIRCLE  
CITY-ST-ZIP LORTON VA 22079

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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]* PRES.

347-326-3702