

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007383

FILED
Mar 30, 2007
Secretary of State

Entity Name: FITNESS AGILITY STRENGTH TECHNIQUE CAMP, INC.

Current Principal Place of Business:

5456 SW 191 TERRACE
MIRAMAR, FL 33029

New Principal Place of Business:

Current Mailing Address:

5456 SW 191 TERRACE
MIRAMAR, FL 33029

New Mailing Address:

FEI Number: 20-8339666

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, OTTOLITA
5600 HOLLYWOOD BOULEVARD
HOLLYWOOD, FL 33021 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: MURPHY, MELVIN J
Address: 5456 SW 191 TERRACE
City-St-Zip: MIRAMAR, FL 33029

Title: V () Delete
Name: HOLMES, DAVID
Address: 1220 NW 157 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: V () Delete
Name: HAGER, ROGER
Address: 2831 SW 13 COURT
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: D () Delete
Name: POLLACK, ALVIN
Address: 3740 EAST LAKE ESTATE DRIVE
City-St-Zip: DAVIE, FL 33328

Title: D () Delete
Name: WILDER, SHERMAN SR
Address: 1891 SW 194 TERRACE
City-St-Zip: MIRAMAR, FL 33025

Title: D () Delete
Name: DICKERSON, BYRON
Address: 1801 SW 41ST AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
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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 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: MELVIN J. MURPHY

PRES

03/30/2007

Electronic Signature of Signing Officer or Director

Date