

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007383

FILED
Jun 16, 2009
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 (X)**
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:

Name and Address of New Registered Agent:

MURPHY, MELVIN
5456 SOUTHWEST 191ST TERRACE
MIRAMAR, FL 33029 US

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: M () Delete
Name: BERNSEN, MARY
Address: 1301 MELISSA LANE
City-St-Zip: DAVIE, FL 33325

Title: M () Delete
Name: GAMBLE, JOHN
Address: 877 CRESTVIEW CIRCLE
City-St-Zip: WESTON, FL 33327

Title: M () Delete
Name: HATCHER, MORRIS
Address: 15412 SOUTHWEST 18TH STREET
City-St-Zip: MIRAMAR, FL 33027

Title: M () Delete
Name: JACKSON, ALICIA
Address: 351 SOUTHWEST 30TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: M () Delete
Name: LATIMER, DENVER
Address: 704 WEST STRAFORD DRIVE
City-St-Zip: CHANDLER, AR 85225

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: MELVIN MURPHY

PRES

06/16/2009

Electronic Signature of Signing Officer or Director

Date