## 2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# N06000007383

Apr 12, 2011 Secretary of State

Entity Name: FITNESS AGILITY STRENGTH TECHNIQUE CAMP, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

5456 SW 191 TERRACE 6919 W BROWARD BLVD. MIRAMAR, FL 33029

#235

PLANTATION, FL 33317

**Current Mailing Address: New Mailing Address:** 

5456 SW 191 TERRACE 6919 W BROWARD BLVD. MIRAMAR, FL 33029 #235

PLANTATION, FL 33317

FEI Number: 20-8339666 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:**

MURPHY, MELVIN J Name: Address: 5456 SW 191 TERRACE City-St-Zip: MIRAMAR, FL 33029

Title: DST

Name: ALEXANDER, AIMEE Address: 8013 NW 102 WAY City-St-Zip: TAMARAC, FL 33321

Title:

HATCHER, MORRIS Name:

15412 SOUTHWEST 18TH STREET Address:

City-St-Zip: MIRAMAR, FL 33027

Title: Μ

Name: JACKSON, ALICIA

351 SOUTHWEST 30TH AVENUE Address: City-St-Zip: FORT LAUDERDALE, FL 33312

Title:

LATIMORE, DENVER Name: 704 WEST STRAFORD DRIVE Address: City-St-Zip: CHANDLER, AR 85225

I hereby 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 all other like empowered.

SIGNATURE: AIMEE ALEXANDER DST 04/12/2011