

2007-NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

07 SEP 14 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000013065	
1. Entity Name HIGH FIVE SPORTS AND ACADEMIC FOUNDATION, INC.	



Principal Place of Business 1509 CHINNAPAKIN NENE TALLAHASSEE, FL 32301	Mailing Address 1509 CHINNAPAKIN NENE TALLAHASSEE, FL 32301
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2. Principal Place of Business - No P.O. Box # 1509 Chinnapakin Nene	3. Mailing Address 1509 Chinnapakin Nene
Suite, Apt. #, etc.	Suite, Apt. #, etc.

09062007 Chg-NP CR2E037 (12/06)

City & State Tallahassee, FL	City & State Tallahassee, FL
Zip 32301	Zip 32301
Country USA	Country USA

4. FEI Number 20-5375066	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ALIYY, AHMAD 1509 CHINNAPAKIN NENE TALLAHASSEE, FL 32301	
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7. Name and Address of New Registered Agent	
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 <i>Ahmad Aliyy</i>	(NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$61.25
Due by September 14, 2007

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 NAME STREET ADDRESS CITY-ST-ZIP	P ALIYY, AHMAD 1509 CHINNAPAKIN NENE TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Ahmad A. Aliyy 1509 Chinnapakin Nene Tallahassee, FL 32301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALIYY, AKIBA 1509 CHINNAPAKIN NENE TALLAHASSEE, FL 32301 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chiquita Williams 9345 Shumard Drive Tallahassee, FL 32305 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAVIS, RENALDO 2032 EYKIS COURT TALLAHASSEE, FL 32317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000109475700 09/17/07--01003--021 **70.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWN, JAMES 1630 BALKIN ROAD #135 TALLAHASSEE, FL 32305 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Greg Grady 3645 Buckhorn willow Lane Tallahassee, FL 32305 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Ahmad Aliyy</i>	Date: 9/14/07	Daytime Phone #: (850) 528-3422
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