

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08272008 Chg-NP CR2E037 (12/06)

4. FEI Number  
20-5375066

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALIYY, AHMAD  
1509 CHINNAPAKIN NENE  
TALLAHASSEE, FL 32301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by September 12, 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEO  
ALIYY, AHMAD  
1509 CHINNAPAKIN NENE  
TALLAHASSEE, FL 32301 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
WILLIAMS, CHIQUITA  
9345 SHUMARD DR  
TALLAHASSEE, FL 32305 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
DAVIS, RENALDO  
2032 EYKIS COURT  
TALLAHASSEE, FL 32317 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
BROWN, JAMES  
1630 BALKIN ROAD #135  
TALLAHASSEE, FL 32305 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GRADY, GREG  
5645 BUTTON WILLOW LANE  
TALLAHASSEE, FL 32305 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
300135285233  
09/03/08-01013-020 \*\*70.00

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ 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:

*Ahmad Aliyy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-27-08

Date

Daytime Phone #

FILED

08 AUG 27 AM 11:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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