

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008280

FILED  
Feb 19, 2011  
Secretary of State

**Entity Name:** THE TAMARA JAMES FOUNDATION, INC.

**Current Principal Place of Business:**

255 NW 12TH AVE  
DANIA BEACH, FL 33004

**New Principal Place of Business:**

**Current Mailing Address:**

255 NW 12TH AVE  
DANIA BEACH, FL 33004

**New Mailing Address:**

**FEI Number:** 02-0812769

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JAMES, TAMMIE D  
255 NW 12TH AVE  
DANIA BEACH, FL 33004 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:** D  
**Name:** JAMES, TAMARA E  
**Address:** 255 NW 12TH AVE  
**City-St-Zip:** DANIA BEACH, FL 33004

**Title:** P  
**Name:** JAMES, TAMMIE D  
**Address:** 255 NW 12TH AVE  
**City-St-Zip:** DANIA BEACH, FL 33004

**Title:** V  
**Name:** JAMES, SHOUNEQA  
**Address:** 255 NW 12TH AVE  
**City-St-Zip:** DANIA BEACH, FL 33004

**Title:** T  
**Name:** WILSON, SABRINA  
**Address:** 255 NW 12TH AVE  
**City-St-Zip:** DANIA BEACH, FL 33004

**Title:** S  
**Name:** FUNCHES, KIMBERLY  
**Address:** 255 NW 12TH AVE  
**City-St-Zip:** DANIA BEACH, FL 33004

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:** JAMES, TAMMIE

P

02/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date