# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 21, 2008**
**Secretary of State**

DOCUMENT# N07000008661

**Entity Name:** PRO-POPS FOUNDATION INC

**Current Principal Place of Business:**

4187 NE 9TH STREET
HOMESTEAD, FL 33033

**New Principal Place of Business:**

**Current Mailing Address:**

4187 NE 9TH STREET
HOMESTEAD, FL 33033

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

A.R.S. & ASSOCIATES INC
20810 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH, FL 33180 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: TD ( ) Delete
Name: WADE SR., DWYANE T CEO
Address: 4187 NE 9TH STREET
City-St-Zip: HOMESTEAD, FL 33033

Title: P ( ) Delete
Name: BELLAMY, ERNEST
Address: 4187 NE 9TH STREET
City-St-Zip: HOMESTEAD, FL 33033

Title: CO-P ( ) Delete
Name: ROBINSON, DALE
Address: 4187 NE 9TH STREET
City-St-Zip: HOMESTEAD, FL 33033

Title: VP ( ) Delete
Name: SANDERS, JEFF
Address: 4187 NE 9TH STREET
City-St-Zip: HOMESTEAD, FL 33033

Title: D ( ) Delete
Name: ANDREINI, LARRY
Address: 4187 NE 9TH STREET
City-St-Zip: HOMESTEAD, FL 33033

Title: D ( ) Delete
Name: ANDREWS, MARCUS
Address: 4187 NE 9TH STREET
City-St-Zip: HOMESTEAD, FL 33033

**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: DWYANE WADE SR CEO 04/21/2008
Electronic Signature of Signing Officer or Director — Date