

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008661

FILED
Aug 24, 2009
Secretary of State

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: 26-0842388 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

A.R.S. & ASSOCIATES INC
20810 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH, FL 33180 US

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

D

08/24/2009

Electronic Signature of Signing Officer or Director

Date