

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008661

FILED
Apr 13, 2011
Secretary of State

Entity Name: PRO-POPS FOUNDATION INC

Current Principal Place of Business:

4985 PONCE DELEON DRIVE
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

4985 PONCE DELEON DRIVE
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 26-0842388

FEI Number Applied For ()

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
Name: WADE SR., DWYANE T CEO
Address: 4187 NE 9TH STREET
City-St-Zip: HOMESTEAD, FL 33033

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

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

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

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

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

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: DWYANE WADE SR

P

04/13/2011

Electronic Signature of Signing Officer or Director

Date