

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011245

FILED
Apr 30, 2009
Secretary of State

Entity Name: ONIKUSU JUDO CLUB, INC.

Current Principal Place of Business:

3531 NW 43RD PLACE
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

3531 NW 43RD PLACE
FORT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 20-5750747

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ELLISON, MARSHA A
3531 NW 43RD PLACE
FORT LAUDERDALE, FL 33309 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: DP () Delete
Name: ELLISON, MARSHA A
Address: 3531 NW 43RD PLACE
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: DVP () Delete
Name: MICHAEL, JENKINS
Address: 3531 NW 43RD PLACE
City-St-Zip: LAUDERDALE LAKES, FL 33309

Title: DT () Delete
Name: HUGHES, ALICE
Address: 1750 NW 27TH TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: DS () Delete
Name: WARE, LARHONDA
Address: 417 NW 16TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33311

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: DS (X) Change () Addition
Name: ELLISON, LAQUANDA
Address: P. O. BOX 9824
City-St-Zip: FORT LAUDERDALE, FL 33310

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: MARSHA A ELLISON

DP

04/30/2009

Electronic Signature of Signing Officer or Director

Date