

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005552

FILED
May 27, 2010
Secretary of State

Entity Name: TIM HARDAWAY FOUNDATION INC

Current Principal Place of Business:

4000 PONCE DE LEON BLVD
SUITE #470
CORAL GABLES, FL 331461432

New Principal Place of Business:

Current Mailing Address:

4000 PONCE DE LEON BLVD
SUITE #470
CORAL GABLES, FL 331461432

New Mailing Address:

FEI Number: 26-2434438 **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:

HARDAWAY, TIM
4000 PONCE DE LEON BLVD
SUITE #470
CORAL GABLES, FL 331461432 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: CH
Name: HARDAWAY, TIM
Address: 4000 PONCE DE LEON BLVD #470
City-St-Zip: CORAL GABLES, FL 331461432

Title: VCH
Name: HARDAWAY, YOLANDA
Address: 4000 PONCE DE LEON BLVD #470
City-St-Zip: CORAL GABLES, FL 331461432

Title: D
Name: BOSSELER, DON
Address: 7636 SW 102 STREET #214
City-St-Zip: PINECREST, FL 33156

Title: D
Name: MOSCOSO DENIS, RACHEL
Address: 6751 SW 88TH STREET SUITE A102
City-St-Zip: PINECREST, FL 33156

Title: D
Name: LAROCHE, PAUL J
Address: 10945 SW 119 STREET
City-St-Zip: MIAMI, FL 33176

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: PAUL LAROCHE

DIR

05/27/2010

Electronic Signature of Signing Officer or Director

Date