

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000003583

FILED  
Mar 24, 2011  
Secretary of State

Entity Name: MASTERMINDS FOUNDATION INC.

**Current Principal Place of Business:**

3730 NW 88TH AVE DOOR #140  
SUNRISE, FL 33027

**New Principal Place of Business:**

**Current Mailing Address:**

3730 NW 88TH AVE DOOR #140  
SUNRISE, FL 33027

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

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

SCOTT, ANDREW  
11301 NW 29TH PL  
SUNRISE, FL 33323 US

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

ERROL, MASCOE  
11301 NW 29TH PL  
SUNRISE, FL 33323 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: EM

03/24/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: SCOTT, ANDREW  
Address: 11301 NW 29TH PL  
City-St-Zip: SUNRISE, FL 33323

Title: VPD  
Name: MASCOE, ERROL  
Address: 3730 NW 88TH AVE DOOR #140  
City-St-Zip: SUNRISE, FL 33027

Title: SD  
Name: JEFFREY, OMAR D  
Address: 12521 SW 18TH ST  
City-St-Zip: MIRAMAR, FL 33027

Title: D  
Name: WEAVER, CORIE  
Address: 2301 W PRESERVE WAY #205  
City-St-Zip: MIRAMAR, FL 33025

Title: D  
Name: THOMPSON, PAUL A  
Address: 231 W PRESERVE WAY #205  
City-St-Zip: MIRAMAR, FL 33025

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: EM

VPD

03/24/2011

Electronic Signature of Signing Officer or Director

Date