

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44554

FILED
Mar 02, 2007
Secretary of State

Entity Name: LEISURE ACCESS FOUNDATION, INC.

Current Principal Place of Business:

275 NW 2ND ST
MIAMI, FL 33128 US

New Principal Place of Business:

Current Mailing Address:

2999 NE 191 ST
PH6
MIAMI, FL 33180 US

New Mailing Address:

FEI Number: 65-0281274 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BOOK, RONALD L.
2999 NE 191 ST
PH6
MIAMI, 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 () Delete
Name: BOOK, RONALD L.,
Address: 2999 NE 191 ST PH6
City-St-Zip: AVENTURA, FL

Title: D () Delete
Name: BREITER, MARCIA
Address: 2600 S BAYSHORE
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: HERRING, CATHY
Address: 1611 NW 12TH AVE., #237
City-St-Zip: MIAMI, FL 33136

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: RONALD L. BOOK

TD

03/02/2007

Electronic Signature of Signing Officer or Director

Date