

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000002250

1. Entity Name
DADE SCHOOLS ATHLETIC FOUNDATION, INC.



Principal Place of Business

**1500 BISCAYNE BLVD
SUITE 343
MIAMI, FL 33132 US**

Mailing Address

**PO BOX 432184
MIAMI, FL 33143-2184 US**



01202005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0440175

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GARRIGA, IRENE
8501 FRANJO ROAD
MIAMI, FL 33189**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME JOLLY, DOUGLAS
STREET ADDRESS 5000 UNIVERSITY DRIVE
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE VPD
NAME VEGA, JOE
STREET ADDRESS 9332 SW 127 AVE
CITY-ST-ZIP MIAMI, FL 33186

TITLE SD
NAME BROOKINS, FRANKIE
STREET ADDRESS 16569 S.W. 117TH AVENUE
CITY-ST-ZIP MIAMI, FL 33177

TITLE TD
NAME FUTTERMAN, MICHAEL
STREET ADDRESS ONE S.E. THIRD AVENUE, 10TH FLOOR
CITY-ST-ZIP MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000322086
04/21/05-80104-019 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

M. Futterman

MICHAEL D. FUTTERMAN, TREASURER

4/19/05

305-377-4228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #