


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 08:00 AM
Secretary of State

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1. Entity Name
DADE SCHOOLS ATHLETIC FOUNDATION, INC.



Principal Place of Business Mailing Address

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

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

DO NOT WRITE IN THIS SPACE



03252006 No Chg-NP CR2E037 (11/05)

4. FEI Number Applied For
65-0440175 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**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2006**

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	

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 04/12/06-00063-000 01.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 TREASURER MICHAEL FUTTERMAN 3/28/06 305-377-4228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #